L1300001736H

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



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SECRETARY OF STATE

B Thereock DEC 10 2013



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Vera M. Norris

Date: December 6, 2013

Order#: 900740-026

Re: PARK 'N FLY SERVICE, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Vera M. Norris c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

COVER LETTER

	legistration Sect					
SUBJEC	T.	Sue	BASE, LLC			
		Name of Limit	ted Liability Company			
The enclo	sed Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please ret	urn all correspon	dence concerning this matter	to the following:			
		GAR	GRIELE BRAMA			
	ĺ		Name of Person			
			SUBASE, UC	_		
			Firm/Company	.		
		1300 PE	INNSYLVANIA AVE , #3	એ		
			Address			
		MIAMI BEACH, FL - 33139				
						
		ion)				
For furthe	r information co	ncerning this matter, please c	all:			
	ANDREA	TOZZI	at (786) 451-869	3		
	Name of I	Person	at (<u>786</u>) 451-869 Area Code & Daytime Te	elephone Number		
Enclosed	is a check for the	following amount:				
\$25.00	Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	MAILIN	NC ADDDESS.	STDEET/COUDIED	ADDOESS.		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	Σ''	urbase,	, uc		
	(<u>Name of the Limited Liabi</u> (A Florid	lity Company la Limited Lie	y as it now appears on our ability Company)	records.)	
The Artic	les of Organization for this Limited Liability	y Company v	vere filed on <u>02/04/</u>	2013	and assigned
	ocument number <u>L 130000 17 364</u>				₹.,
	ndment is submitted to amend the following ending name, enter the new name of the l		ity company here:		13 DEC -9 1
					P. P.
The new r "L.L.C."	ame must be distinguishable and end with the	words "Limite	d Liability Company," the	designation "LI	C" or the abbreviation
Enter ne	w principal offices address, if applicable:				
(Principa	l office address MUST BE A STREET AD	DRESS)			
Enter ne	w mailing address, if applicable:				
	address MAY BE A POST OFFICE BOX)		, — t., s	/	
-		•			
	nending the registered agent and/or red d agent and/or the new registered office a	<u>ddress here</u> :			
	Name of New Registered Agent:	\$6E0	was to see	MATTEO	SOLUTINI
	New Registered Office Address:	1300	PENNSYLVANIA		
		•		da street addr	ess
		MIAMI	BEACH	, Florida	33139
			City		Zip Code
New Regi	stered Agent's Signature, if changing Registe	ered Agent:			

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the faithful liability company has been notified in writing of this change.

If Changing Degistered Agent, Signature of New Registered Agent

Page 1 of/3

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Title</u> Name **Address** Type of Action GABRIELE BRAMA NGR 1500 BAY ROAD, #2425 MIMMI BEACH, FL - 37139 MGR RED CENTRUS 1300 PENNSYLVANIA AVE, #38 X Add MIAMI BEACH, FL -33139 Remove Remove

D.' If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated	11/25/2013 , MIACKI BEACH
	Oblado
i	Signature of a member or authorized representative of a member
	UARUELE BRAHA-
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00