

#L 13000068258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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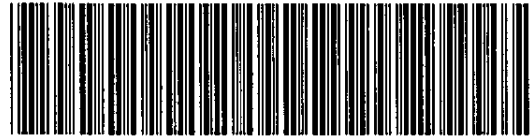
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUL - 3 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PARKING METER MAP SYSTEMS LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARSHALL STEIN GOLD
Name of Person

PARKING METER MAP SYSTEMS LLC
Firm/Company

7751 SW 185 TH STREET
Address

MIAMI FLORIDA 33157
City/State and Zip Code

MS @ MIAMI MAPS . COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARSHALL STEIN GOLD at (305) 712-2720
Name of Person Area Code & Daytime Telephone 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)

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**

PARKING METER MAP SYSTEMS LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
13 JUL -1 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on MAY 09, 2013 and assigned Florida document number L13 0000 68258

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: c/o MIAMI MAPS 7751 SW 185TH ST.
(Principal office address **MUST BE A STREET ADDRESS**) 7751 SW 185TH ST
MIAMI FLORIDA 33157

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MARSHALL STEINGOLD

New Registered Office Address:

7751 SW 185 TH STREET

Enter Florida street address

MIAMI

City

Florida

33157

Zip Code

New Registered Agent's Signature, if changing Registered 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 limited liability company has been notified in writing of this change.


If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARSHALL STEINGOLD	7751 SW 185th St.	<input checked="" type="checkbox"/> Add
		Miami, FL. 33157	<input type="checkbox"/> Remove
MGRM	STEVEN ROSENTHAL	8777 COLLINS AVE	<input checked="" type="checkbox"/> Add
		# 705	<input type="checkbox"/> Remove
		SURFSIDE FL. 33154	
MGRM	DAVID SILVERMAN	400 LESLIE DRIVE	<input checked="" type="checkbox"/> Add
		STE. 404	<input type="checkbox"/> Remove
		HALLANDALE, FL 33009	
MGRM	DAVID BURTON	400 LESLIE DRIVE	<input type="checkbox"/> Add
		STE. 404	<input type="checkbox"/> Remove
		HALLANDALE FL. 33009	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated JUNE 20, 2013.

David Burton
Signature of a member or authorized representative of a member

DAVID BURTON
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00