2/3000086/6/

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u></u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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T. CLINE

SEP 10 2018

EXAMINER

COVER LETTER

Registration Section Division of Corporations

TQ:

SUBJECT: DISCO	ent Parking lot Name of Line	Consider LLC		
	Amendment and fee(s) are submodence concerning this matter		Filing cancelled	
	Jessie (Name of Person		
	Discount Pa	arking 104 Berl	nce LLC	
	513 Greenu	JOU DY. Address		野公
	Plant City	FI 335 (a Co		4
	Discount T	City/State and Zip Code O D D D D D D D D D D D D D D D D D D	ntification)	£3. 9:
For further information co	oncerning this matter, please ca	all:		5.3
JOSSE COLL Name o	f Person	at (813) 750 Area Code Dayti	0 (05 (0 9) me Telephone Number	-
Enclosed is a check for th	e 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 Fed Certificate of St Certified Copy (additional copy is o	atus &
Registr Divisio P.O. Be	ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COUF Registration Sect Division of Corp Clifton Building 2661 Executive C	orations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Filing cancelled due to returned check

Discourt Parking Co (Name of the Limited Liabi (A Florid	lity Company as it now appears on da Limited Liability Company)	(L.C.)	
The Articles of Organization for this Limited Liability	Company were filed on	13-2013	and assigned
Florida document number L13000086161	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
	D Integrit	y Paving	LLC.
The new name must be distinguishable and contain the words. Li	mifed Liability Company,"the design	nation "LLC" or the abbrevi	ation #L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	(RESS)		*·,
		· · ·	<u> </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		4,	12 C
B. If amending the registered agent and/or registered agent and/or the new registered office ad		ır records, <u>enter the</u>	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	
		, Florida	
	City	Z	ip 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
	Filing cancelled		Remove
	due to returned check		Change
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	(and an all
ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing e: If the date inserted in this block does not meet the applicable statutory iment's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effection he 90th day after the record is filed.	
Signature of a member or authorized representation of the state of the	
Signature of a member or authorized represent	lative of a member
1/2 / 1/2	

Page 3 of 3

Filing Fee: \$25.00