L13000097874

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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COVER LETTER

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OLIN AD EVE		INCH INVESTMENT PROPI	ERTIES, LLC	
SUBJECT:	·	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
		CHRISTIAM CARDENA	S, ESQ.	
			Name of Person	
		LOUIS A. SUPRASKI, P.	Α.	
			Firm/Company	
		16666 NE 19th Avenue, S	uite-113	
			Address	
		N. Miami Beach, Fl. 3316	2	
			City/State and Zip Code	<u> </u>
		SUPRASKI@SUPRASKII.	AW.COM to be used for future annual report notifi-	ention)
For further i	information co	oncerning this matter, please ca	•	, and the
LOUIS A.	SUPRASKI, I	ESQ.	305 792-0060	
	Name of	Person	at ()	Telephone Number
Enclosed is	a check for th	se 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

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

PARKER FINCH INVESTMENT PROPERTIES, LLC

The Articles of Organization for this Limited Liability Company were filed on Plorida document number L13000097874

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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:		
New Registered Office Address:	Enter Florida street address	
	, Flori	daZin 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	STUART SZPICEK	19500 Tumberry Way	
		231)	■ Remove
		Aventura, FL 33180	Change
MGR KIKI RITTER	KIKI RITTER	19500 Turnberry Way	■ Add
		23D	☐ Remove
		Aventura, FL 33180	□ Change
			Add
			□ Change
		.	Add
			☐ Remove
			□ Change
		.	
			Remove
			Change
			
			☐ Remove
			Chunga

			
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ective date, if other than the date of a effective date is listed, the date must be speci te: If the date inserted in this block does nument's effective date on the Department	ific and cannot be prior to date s not meet the applicable s	of filing or more than 90 day	(optional) ss after filing.) Pursuant to 605.020 ts, this date will not be listed a
record specifies a delayed effect he 90th day after the record is f		effective time, at 12	:01 a.m. on the earlier ϵ
ed	. 2019		
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Typed or printed name of signee

Filing Fee: \$25.00