

L13000110838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

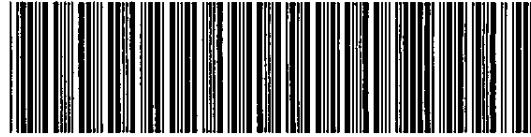
(Business Entity Name)

(Document Number)

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FILED
13 DEC 10 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 13 2013

T. BROWN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: US1 Airport Parking 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:

Peterson Joseph

Name of Person

US1 Airport Parking LLC

Firm/Company

2720 S FEDERAL HWY

Address

FORT LAUDERDALE FL 33316

City/State and Zip Code

PLUBIN29@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PETERSON JOSEPH

Name of Person

at (**305-**) **804-4040**

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**

US1 AIRPORT PARKING LLC

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on August 06, 2013 and assigned
Florida document number L13000110838.

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:

(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: GIOVANNA VENDRYES

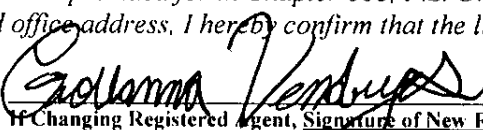
New Registered Office Address: 2720 S FEDERAL HWY

Enter Florida street address

FORT LAUDERDALE FL, Florida 33316
City 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:

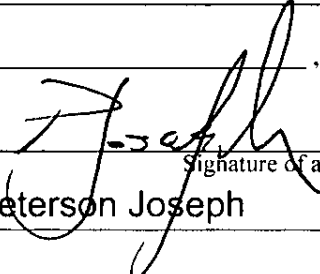
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Scott Daiagi	2512 Sw 30 Ave	<input type="checkbox"/> Add
		Pembroke Pines FL 33009	<input checked="" type="checkbox"/> Remove
MGRM	Peterson Joseph	Po Box 936695	<input type="checkbox"/> Add
		Margate FL 33093	<input checked="" type="checkbox"/> Remove
MGRM	Peterson Lubin	Po Box 936695	<input checked="" type="checkbox"/> Add
		Margate FL 33093	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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 _____


Peterson Joseph

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00