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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : KIM MARKS CPA Account Number : I20120000072 : (305)895-5815

Phone Fax Number

: (305)895-6273

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIG ELECTRIC DRIVE VEHICLES LLC

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ELECTRIC DRIVE VEHICLES LLC

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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

# (Name of the Limited Liability Company as if now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/27/2013 and assigned Florida document number L13000177216 This amendment is submitted to amend the following: 1.4 A. If amending name, enter the new name of the limited liability company here: PARK MY PHONE LLC The new name must be distinguishable and contain 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:

#### New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

Frankis

Clty 37

3000

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

Zip Code

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MGR = Manager

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If amending Authorized Person(s) authorized to manage, enter the fitle, name, and address of each person being addedor removed from our records:

AMBR = Authorized Member			·	
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record specifies a delayed effective date, t	but not an effective time, at	12:01 a.m. on the earlier
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Signature of a member	or authorized representative of a mem	ber

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