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MAY 20 ZOTE D. BRUCE

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: MULTIF	PARK VALET, LLC		
	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	mitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Jose C. Marrero	, Esq.	
		Name of Person	
	Law Office of Jos	se C. Marrero, P.A.	
		Firm/Company	
	1200 Brickell Ave	nue, No. 505	
		Address	
	Miami, FL 3313	1	
		City/State and Zip Code	
	jose@marrerolaw	V.COM to be used for future annual report notifica	tion)
For further information co	encerning this matter, please ca	•	uon
Jose C. Ma	rrero	305 470-203	0
Name of Enclosed is a check for the		Area Code Daytime T	elephone Number
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

MULTIPARK VALET, LLC				
(Name of the Limited (A	Liability Compar Florida Limited L	iy as it now appears lability Company)	on our records.)	
The Articles of Organization for this Limited Liab Florida document number L14000065008	·	were filed on Ap	ril 22, 2014	and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liabi	lity company he	<u>re</u> :	
N/A				
The new name must be distinguishable and end with the wo Enter new principal offices address, if applicab		N/A	designation "LLC" or the	abbreviation L.C."
(Principal office address MUST BE A STREET.	ADDRESS)			注 切 之
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered office	registered of		our records, enter	SHEFFICH STATES IN THE name of the new
Name of New Registered Agent:	Jose C. Ma	rrero, Esq.		
New Registered Office Address:	1200 Bricke	ell Avenue, No		
		Enter Flor	ida street address	0404
	Miami,	City	, Florida <u>3</u>	Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:	City		Lip Cout
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the recompany has been notified in writing of this change in the ch	agent and agro and complete ered agent as p gistered office	performance of provided for in C	my duties, and I am Chapter 605, F.S. Or	familiar with and , if this document is

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u>e</u>	<u>Name</u>	<u>Address</u>	Type of Action
			☐ Add
			Remove
			□ Add
			☐ Remove
			Add
			Remove
			~.
<u></u>			Par Add 29
		HARPER REMOVE	
			Add MARASSEE LORD Add
			□ Remove
			····
			☐ Remove

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.) uce E. Roden was listed as President of the company. Bruce E. Roden should of been listed as			
Ma	Managing Member (MGRM) of the company. Kevin M. Hardwick was listed as Treasurer of the company. Kevin M. Hardwick should of			
Ke				
be	en listed as Manager (MGR) of the company.			
	e date, if other than the date of filing:			
	Signature of a member or authorized representative of a member Jose C. Marrero			
	Typed or printed name of signce			

Page 3 of 3

Filing Fee: \$25.00

