L14000091390

(Re	questor's Name)	
(Ac	ldress)	
(Ac	(dress)	
(Cir	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		:

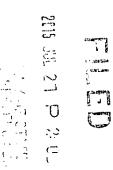
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Office Use Only



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COVER LETTER ,

"Division of Cor	Jorations						
	KEY NEW YORK, LLC						
Name of Limited Liability Company							
The enclosed Articles of	Amendment and fee(s) are submitted for filing.						
Please return all correspo	ndence concerning this matter to the following:						
	UMUT TEKIN						
	Name of Person						
	PARKJOCKEY NEW YORK, LLC						
	Firm/Company						
	3301 NE 1ST AVE STE 512						
	Address						
	MIAMI, FL 33137						
	City/State and Zip Code						
	umut@parkjockey.com						
	E-mail address: (to be used for future annual report notification)						
For further information co	oncerning this matter, please call:						
UMUT TEKIN	847 2192109						
Name o	at ()						
Enclosed is a check for th	e following amount:						
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status						

MAILING ADDRESS:

TO:

Registration Section

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

PARKJOCKEY NEW YORK, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number L14000091390 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: **UMUT TEKIN** Name of New Registered Agent: 3301 NE 1ST AVE STE 512 New Registered Office Address: Enter Florida street address MIAMI

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.

City

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
MGR	CIHAN KUTUK	3301 NE 1ST AVE STE 512	
		MIAMI, FL 33137	■ Remove
			Change
MGR	UMUT TEKIN	3301 NE IST AVE STE 512	= Add
		MIAMI, FL 33137	□ Remove
			Change
			Add
			□ Remove
			Change
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			Remove
			Change

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ective date, if other than the of effective date is listed, the date must be: If the date inserted in this bloomment's effective date on the De	ck does not meet the partment of State's	ne applicable statu records.	tory filing require	ments, this date v	will not be listed a
record specifies a delayed he 90th day after the reco	rd is filed.	but not an eff	ective time, at	12:01 a.m. c	on the earlier of
JULY 20 ed	201	5			
	///			•	2015
	ignature of a membe	r or authorized repr	esentative of a meml	ner s	= 1
					(C)

Filing Fee: \$25.00