L14000130120

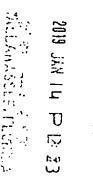
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Chity Name)
(Document Number)
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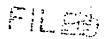
TO: Registration S Division of Co			
	Heights Hotel Development LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Adam M Harden		
		Name of Person	
	Riverside Heights Hotel De	evelopment LLC	
		Firm/Company	
	701 S Howard, Suite 106-3	22	
		Address	
	Tampa Fl 33606		
	adam@soho-capital.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
Adam M Harden		813 781-2558	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	S30.00 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 Compa	2010	
(A Florida Limited I	any as it now appears on our rectifies JAN 14 P 2: 2	3
The Articles of Organization for this Limited Liability Company Florida document number L14000130120	,	
riorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Uptown Parking Solutions LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.I	C."
Enter new principal offices address, if applicable:	same	
(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 of	ffice address on our records, enter the name of	of the new
registered agent and/or the new registered office address her		
Name of New Registered Agent: same		
Name of New Registered Agent: New Registered Office Address:		
Name of New Registered Agent:	Enter Florida street address	
Name of New Registered Agent:	Florida	
New Registered Office Address:	, FloridaZip Code	
Name of New Registered Agent:	, FloridaZip Code	

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
		 	🗆 Add
			□ Remove
			☐ Change
			☐ Remove
			☐ Change
			🗖 Add
			Remove
			Change
		····	🗆 Add
			□ Remove
			Change
			Add
			🗆 Remove
			Change
			🗖 Add
			Remove
			Chara.

	nation, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
	
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Note: If the date inserted in this	he date of filing:
ne record specifies a delay The 90th day after the re	red effective date, but not an effective time, at 12:01 a.m. on the earlier o ecord is filed.
Dated January 1	<u>2019</u> .
Q447	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00