Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone : (323)962-8600 Fax Number : (323)962-3889

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

PARKINSON GROUP, LLC

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Corporate Filing Menu

Help

COVER LETTER

	distration Sec			
SUBJECT;	PARKINS	ON GROUP, LLC		
5020201,		Nume of Limi	ited Liability Company	
The enclosed	i Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please r e turn	all correspor	idence concerning this matter	to the following:	
		Cheyenne Moseley		
Name of Person				
		Legalzoom.com, Inc.		
			Firm/Company	
		100 W. Broadway Suite	100	
		7	Address	
		Glendale, CA 91210		
			City/State and Zip Code	
		parkinsonsean0@gmail.c		
		·	to be used for future annual report notific	cation)
For further in	aformation co	ncerning this matter, please ca	ill:	
lmelda Vas	quez		323 962-8600 ex	
Name of Person Area Code Daytime Telephone Number			Telephone Number	
Enclosed is a	check for the	e following amount:		
□ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

PARKINSON GROUP, LLC		
Name of the Limited Lia (A Flo	bility Company as it now appears on rida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number 1.15000034886	y Company were filed on 02/25/	2015 and assigned
This amendment is submitted to amend the following.	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and end with the words	'Limited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Name of New Registered Agent: New Registered Office Address:		
	Enter Florida si	treet address
		, Florida
New Registered Agent's Signature, if changing Register	City	zip Crae
I hereby accept the appointment as registered age, provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registerompany has been notified in writing of this chang	d complete performance of my of l agent as provided for in Chap ered office address, I hereby co ge.	duties, and I am familiar with and oter 605, F.S. Or, if this document is
		1 LS 7

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 AMBR ≈ Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Richard Blanc	201 WINDWARD ISLAND	- Add
		CLEARWATER, FL 33767	Remove
AMBR	Susanne Blanc	201 WINDWARD ISLAND	™ Add
		CLEARWATER, FL 33767	□ Remove
			[] Add
			CRcmove
			Remove
			Add
			_□ Remove
		SECRETARY FLORIDA	_D'Add
	Page 2 o	of 3 08:0 A	M 7:31

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8/17/2015 7:17:16 AM PDT

13239628300 From: Amanda Sando

D.	If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	,		
	•		
Е.	Effect (The eff	ctive date, if other than the date of filing:	
	Dated	d 08/17/2015	
		Signature of a member or authorized representative of a member	_
		Robert Parkinson	
		Typed or printed name of signee	_

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Filing Fee: \$25.00

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