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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
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NUGO 6 2015 J. HARRIS

COVER LETTER

TO: Registration Division of C		•	
SUBJECT:	PARKING DEPO	ot CCC	
	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Wille	am Villadies	· C
•		Name of Person	
		Firm/Company	
		Firm/Company	
		SW 134 cf	
		ridaress .	
	<u> </u>	City/State and Zip Code	
	par Kingdepo- E-mail address: (FIIC Danail. Com	ication)
For further information	concerning this matter, please ca	all:	
W: Name	Villadiego of Person	at (<u>305</u>) <u>282</u> - Area Code Daytime	7877 Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	\$30.00 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 Co	ompany as it now appears on our recording Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Comp.	pany were filed on $3/05/$.	2015 and assigned
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 I	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	<u></u>	<u> </u>
		क ज
•		
Enter new mailing address, if applicable:		A O
(Mailing address MAY BE A POST OFFICE BOX)		93× O
,		2
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	s
	, Flo	orida
	Cîty	Zip Code

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.

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 Type of Action Title Name <u>Address</u> CFO Villadiego, Amy 11745 SW 134 CT Miami Fe 33186 ☐ Change CFO Villadiego William □ Add □ Remove Change \square \land dd □ Remove ☐ Change □ Add ☐ Remove 꼀 Change Remove ☐ Change □ Add ☐ Remove ☐ Change

amending any o	ther information, en	ter change(s) her	e: (Attach additional sl	neets, if necessary.)	•
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an effective date is list of the date inso	her than the date of ted, the date must be speci- erted in this block does date on the Departmen	fic and cannot be prior not meet the applica	to date of filing or more than able statutory filing requi	(optional) 190 days after filing.) Pur rements, this date will	suant to 605,020 not be listed a
record specifie The 90th day a	es a delayed effect fter the record is f	ive date, but no iled.	t an effective time, a	at 12:01 a.m. on	the earlier c
nted July	6 TH		 ·		15 AUG
	Signature	of a member or author	Avrized representative of a me	mber	1
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Filing Fee: \$25.00