

115000064771

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(City/State/Zip/Phone #)

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2017 MAY 11 PM 12:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 12 2017
J. HARRIS



May 9th, 2017

**Registration Section
Division of Corporations
PO Box 6327
Tallahassee FL 32314**

**REF: Park Lane Residential, LLC.
EIN 47-3743040
Sunbiz Document number L15000064771
Name Change to: Park Lane Realty, LLC.**

My contact information is:

**Erika Hoffmann
General Manager
305-343-5279
ehoffmann@parklanere.com
2730 SW 3rd Avenue
Suite 501
Miami FL 33129**

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PARK LANE RESIDENTIAL, LLC.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ERIKA HOFFMANN

Name of Person

PARK LANE RESIDENTIAL, LLC.

Firm/Company

2730 SW 3RD AVE SUITE 501

Address

MIAMI FL 33129

City/State and Zip Code

EHOFFMANN@PARKLANERE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIKA HOFFMANN

305 3435279
at ()

Name of Person

Area Code

Daytime 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**

PARK LANE RESIDENTIAL, 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 04/14/2015 and assigned
Florida document number L15000064771.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PARK LANE REALTY, LLC.

The new name must be distinguishable and contain the words "Limited 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE FLORIDA

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, **Florida** _____
City 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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 TALLAHASSEE FLORIDA

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Mark Ballman
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

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CLERK OF DISTRICT COURT
TALLAHASSEE FLORIDA