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## : COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Floride Parkandle Parkting Ill 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:
Jorge Alvarado Name of Person
Planton Prichardle Renting.
620 Buton Address
Panan La Fl 32404 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (252) 628 9907  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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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

Florida Dandhardle	Palitone LL	<u> </u>
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our roll Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L15000 8 5 8 26</u>	ny were filed on _ <b>_\$_/1</b> _\$_/	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	···
(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 registered agent and/or the new registered office address he Name of New Registered Agent:		cords, enter the name of the new
New Registered Office Address:		
	Enter Florida street a	address
·	City	_, Florida Zip Code
New Registered Agent's Signature, if changing Registered Ager		Zip Code
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officompany has been notified in writing of this change.	— gree to act in this capacity. Ite performance of my dutions Is provided for in Chapter (	es, and I am familiar with and 605, F.S. Or, if this document is m that the limited liability
Pag	e 1 of 3	IO: 5 STAT LORI

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 = Ma $AMBR = Au$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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<del></del>			Add
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D. If an	ending any other information, enter change(s) here: (Attach additional sheets, if r	necessary.)	
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Note	ffective date, if other than the date of filing:	optional) after filing.) Pur , this date will	suant to 605.0207 (3) not be listed as the
	ecord specifies a delayed effective date, but not an effective time, at 12:0 e 90th day after the record is filed.	01 a.m. on	the earlier of:
Date	d 9 \$3 \15 \( \)		
	Signature of a member or authorized representative of a member	TECRETA	anacount
	Typed or printed name of signee	RY OF	
	Page 3 of 3	STA STA	, 0
	Filing Fee: \$25.00	317	ò