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M. MILLIGAN OCT 22 2018

COVER LETTER

SUBJECT: Parkdale 304 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:				
BRIANT Stack Name of Person				
Stack Fernandez & Harris, P.A.				
1001 Brickell Bay DR., Suite 2650				
Miami, FL 33131 City/State and Zip Code				
E-mail address to be used for future annual report notification)				
For further information concerning this matter, please call:				
Brian J. Stack at (305) 371-0001 Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee Scrifficate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)				

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

1) - (1

315 MS10t	309 LLC # # 17
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar	by were fried on 1010 free and assigned.
Florida document number 1500189230	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "L.L.C" or the abbreviation "L.L.C."
	1001 Parkall Ray Dr
Enter new principal offices address, if applicable:	Colo OLEO
(Principal office address MUST BE A STREET ADDRESS)	215 7(20)
	MISMU H 33131-4950
•	
Enter new mailing address, if applicable:	1001 Beichall Bound
(Mailing address MAY BE A POST OFFICE BOX)	Sts 2150
[Without and Will and	MAMI & 33121-4950
	111111111111111111111111111111111111111
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 be	
Name of New Registered Agent:	on Stack
New Basis and Office Address 1001	BRICKOCO BOUNDOSTS 265
New Registered Office Address:	Enter Florida street address
\sim	221314950
111/2	City Sip 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					
Title	Name	Address	Type of Action		
MGR	Guendolyn Landers	c/o Stack Fernancez &to	arthail A.		
		1001 Beickell Bay De. Suite 2650	Remove		
		Hiami, FL 33131	Change		
			Add		
			Remove		
		 -	Change		
-			Add		
			Remove		
			Change		
			Add		
			□ Remove		
			Change		
			Add		
			Remove		
			Change		
			Add		
			□ Remove		
			Change		

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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(If an ci <u>Note:</u>	tive date, if other than the date of filing:		
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	e earlie	er of:
Dated	15 Soupt 2018		
	Signature of a member of a uthorized representative of a member	200 mm	2016 OCT -
	Typed or printed name of signee		
	Page 3 of 3		ත් ,

Filing Fee: \$25.00