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SECRETARY OF STATE

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## **COVER LETTER**

TO: Registration Se Division of Cor			
PARKI SUBJECT:	NGBYPHONE LLC	•	
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	LUIS GARMA	-	
		Name of Person	
		Firm/Company	
	12300 SW 67 AVE		
	<del>.</del>	Address	
	PINECREST, FL 33156	5	
	**************************************	City/State and Zip Code	
	lgarma@parkingbyphon		
	E-mail address: (	to be used for future annual report notifi	cation)
For further information e	oncerning this matter, please ca	all:	201 TAL:
SILVIA OROZCO		305 303-5134	SECRETARY SECRETARY Telephone Number SSE
Name o	f Person		Telephone Number SSEE, T
Enclosed is a check for the	ne following amount:		To the second se
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Of Opy (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

PARKINGBYPHONE LLC						
(Name of the Lim	ited Liability Company (A Florida Limited Lia	as it now appears on our records.)  bility Company)	<del> </del>			
The Articles of Organization for this Limited I		vere filed on DECEMBER 04, 2015	and assigned			
This amendment is submitted to amend the fol	llowing:					
A. If amending name, enter the new name	of the limited liabili	ty company here:				
MOBILE SMART CITY 1/2 C						
he new name must be distinguishable and contain the	words "Limited Liability	y Company," the designation "LLC" or the abl	previation "L.L.C."			
Enter new principal offices address, if appli	iaabla.					
•						
Principal office address MUST BE A STRE	ET ADDRESS)					
Enter new mailing address, if applicable:		9260 SUNSET DRIVE SUITE 219				
		MIAMI, FLORIDA 33173				
Mailing address MAY BE A POST OFFICE	<u>: BUX)</u>					
D 16 12 4	1/					
B. If amending the registered agent and registered agent and/or the new registered of		ce address on our records, enter	the name of the n			
		Ä	a I			
Name of New Registered Agent:	LUIS GARMA	ASSE	22			
New Registered Office Address:	12300 SW 67TH		i m			
		Enter Florida street address	/ T			
	PINECREST	Florido 3				

## 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

Page 1 of 3

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>	Name	Address	Type of Action
MGR	GARMA, LUIS	12300 SW 67TH AVENUE	□ Add
		PINECREST, FL 33156	Remove
			□ Change
MGR	LUENGO, MARIA P	12300 SW 67TH AVENUE	
		PINECREST, FL 33156	<b>■</b> Remove
			□ Change
AMBR	CLOTEGALU LLC	12300 SW 67TH AVENUE	<b>■</b> Add
		PINECREST, FL 33156	□ Remove
			☐ Change
AMBR	YBH VENTURES LLC	9260 SUNSET DRIVE SUITE 219	■ Add
		MIAMI, FL 33173	75. Re <b>28</b> ve
			2008 NOVERS
			COAL FE
			Change
			Remove
			Change.

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Filing Fee: \$25.00