L140000 28672

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(Address)
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PICK-UP WAIT MAIL
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COVER LETTER

то:	Registration Sec Division of Corp						
cub tr	One Park Pl	aza LLC					
SUBJE	C1:	Name of Lim	ited Liability Company		37 Paytime Telephone Number □ \$60.00 Filing Fee, Certificate of Status &		
		Amendment and fee(s) are sub-					
•		Indra Singh					
			Name of Person		_		:_
		One Park Plaza LLC				क	SEL.
Firm/Company				-	SUA	五品	
3460 NW 50th Ave #105					24	355	
			Address .		_	프	
Lauderdale Lakes, FL 33319					=	013	
		-	City/State and Zip Code		_	סי	ِحِيرَ احترا
		indrasingh@bellsouth.net	to be used for future annual	report notification)			
For fur	ther information co	oncerning this matter, please co		report nonneadony			
Indra :	Singh			4 4537	•		
	Name of	Person	Area Code	Daytime Telephone Number	ir		
Enclos	ed is a check for th	e following amount:					
5 \$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Certific (cosed)	ate of Status & d Copy		

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

One Park Plaza LLC		
(Name of the Limited Liability Comps (A Florida Limited	any as it now annears on our records. Liability Company).	
The Articles of Organization for this Limited Liability Company	were filed on 02/10/2016	and assigned
Florida document number L16000028672		
This amendment is submitted to amend the following:		24 SSEE
A. If amending name, enter the new name of the limited liab	ollity company here:	A Tro
•		
he new name must be distinguishable and contain the words "Limited Liabi	ility 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)		建 年 あ
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Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		1/AIE
		OM 60
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here.		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	CARLET FOR IGHT STILLER CHARGEST	
	Di.	-lda
	City, Flor	Zio 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>	Name	Address	Type of Action			
MGR	Itana Morrow	3460 NW 50th Ave #105				
		Lauderdale Lakes, FL 33319	☐ Remove			
			Change			
MGR	Indra Singh Park Plaza Manager Cc		Add			
•			Remove Acc			
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fan effective date is listed, Note: If the date inserte document's effective da ne record specifies	the date must be specific and cannot be prival in this block does not meet the applice on the Department of State's record a delayed effective date, but n	icable statutory filing require ls.	ements, this date will not be lis	sted as the	(b)
The 90th day afte	r the record is filed.				
Dated	,	·			
,	Ilaza M	دروب و			
	ILANA N	thorized representative of a men	nber		
	Typed or prin	nted name of signee	14.88 17.88 1.58 1.58 1.58	7	
	Pag	ge 3 of 3	PHI2: OF STA F. FLOR	17	
	Filing I	Fee: \$25.00	PRI PRI		