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(Requ	uestor's Name)	
(Addi	ress)	
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(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nai	me)
(Doc	ument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	
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COVER LETTER

TO:	Registrati Division o	on Section f Corporations			
CLID IE		rsal Parking of Texas, LLC			
SUBJE	.C1:	Name of Limited Liability Company			
The end	closed Articl	es of Amendment and fee(s) are submitted for filing.			
Please	return all co	rrespondence concerning this matter to the following:			
		Bryan Geoffrey			
		Name of Person			
		Geoffrey Management, LLC			
		Firm/Company			
		33493 W. 14 Mile Road Suite 100			
		Address			
		FARMINGTON HILLS, MI 48331			
		City/State and Zip Code			
	bmgeoffrey@yahoo.com				
For fur	ther informa	E-mail address: (to be used for future annual report notification) tion concerning this matter, please call:			
Bryan	Geoffrey	at (248) 865-2000 ext 170 Area Code Daytime Telephone Number			
	N	Tame of Person Area Code Daytime Telephone Number			
Enclos	ed is a check	s for the following amount:			
⊠ \$2:	5.00 Filing F	Tee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy Certificate of Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	of Status &		

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

and assigned
and assigned
tion "L.L.C."
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name of the new
18. 19.
120

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 **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> ☐ Add ☐ Remove ☐ Change □ Add _□ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add _□ Remove ☐ Change _ Add ☐ Remove ☐ Change □ Add _□ Remove _□ Change

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ffective date, if other than a fractive date is listed, the date Note: If the date inserted in this locument's effective date on the	must be specific and s block does not m	cannot be prior to neet the applicab		ore than 90 days after		
e record specifies a dela The 90th day after the i		ate, but not	an effective t	ime, at 12:01	a.m. on the	earlier of
March 5		2018	_ •			
	1.					
	11			of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00