L16000207041

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SECRETARY OF STATE

COVER LETTER

TO:

Registration Section Division of Corporations

Park Stree SUBJECT:	et Services, LLC		
30bJEC1	Name of Lin	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Andrea Nappi Conforme		
		Name of Person	
	Park Street Imports		
		Firm/Company	
	1000 Brickell Avenue, Sui	te 915	
		Address	
	Miami, FL 33131		
	·	City/State and Zip Code	
	Compliance@parkstreet.com	m	
	E-mail address: (to be used for future annual report not	titication)
For further information	concerning this matter, please c	all:	
Andrea Nappi Conform	ne	305 400-8324 E	xt. 507
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Set Division of Co The Centre of 2415 N. Monre	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Park Street Services, LLC

2021 DEC -6 PH 5: 43

(Name of the Limited Liability Company as it now appears on our records) ECRETARY OF STATE (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/10/2016 and assigned Florida document number ____L16000207041 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Park Street Holdings, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 here: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address City

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 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>	<u>Name</u>	Address	Type of Action
	N/A		Add
		-	□Remove
			□Change
			□Add
			□Remove
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Effective date, if other than the date from the date is listed, the date must be	k does not meet the applicable st	(optional) e of filing or more than 90 days after filing tatutory filing requirements, this date	.) Pursuant to 605.0207 will not be listed as
	artificit of State's records.		
document's effective date on the Department of t		: 12:01 a.m. on the earlier of: (b) Th	ne 90th day after the
document's effective date on the Department of t	date, but not an effective time, at	t 12:01 a.m. on the earlier of: (b) Th	ne 90th day after the
e record specifies a delayed effective of rd is filed. Dated December 2	date, but not an effective time, at $\frac{2021}{4}$.	t 12:01 a.m. on the earlier of: (b) The	ne 90th day after the