L17000049590

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COVER LETTER

TO: Registration Sect División of Corpo			
SUBJECT:	old Park Name of Limit	Orlando L ded Liability Company	LC
The enclosed Articles of A	mendment and fee(s) are subn	Park Drlando LLC Name of Limited Liability Company and fee(s) are submitted for tiling. Inding this matter to the following: Islam S. Ahmed Name of Person Id Park Drlando LLC Firm/Company 330 NarCoossee Rd Address -lando FL 32822 City/State and Zip Code For Regold park orlando. Com E-mail address: (to be used for future annual report notification) matter, please call: ed at (352) 989-3742 Area Code Daytine Telephone Number	
Please return all correspond	dence concerning this matter t	o the following:	
	Isla.	n S. Ahmed	l
		Name of Person	
		Firm/Company	
	7330 N	Jarcoossee R	<u>'d</u>
		Address	
	Orlando	FL 3280.	2
	•		
For further information cor	ncerning this matter, please ca	II:	
Islam	Ahmed	at (352) 989-	3742
Name of I	² erson	Area Code Daytime	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 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

The Articles of Organization for this Limited Liability Company were filed on March 12017 and assigned Florida document number <u>L</u> 17000049590 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 oft the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

.Florida __

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
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Effective date (if other than the date of is listed, the date must be specificated in this block doctive date on the Department	ecific and cannot be p es not meet the ap	prior to date of filing opplicable statutory ti	r more than 90 days a	ptional) Pursuan ther filing Pursuan this date will not	605.0207 (be listed as t
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Filing Fee: \$25.00