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COVER LETTER

Division of Cor	porations ' '	,	
HISTORIC SUBJECT:	AUTOS LLC		
30 b s b c 1 ·	Name of Limit	ted Liability Company	<u> </u>
The englaced Articles of	Amandment and fac(s) are sub-		
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	JONATHAN BRUMLEVE		
		Name of Person	
	HISTORIC AUTOS LLC		
		Firm/Company	
	1200 NETWORK CENTRI	E DRIVE	
		Address	
	EFFINGHAM, IL 62401		
		City/State and Zip Code	
	JBRUMLEVE@HEARTLA		
	E-mail address: (to	be used for future annual report notific	ation)
For further information co	oncerning this matter, please cal	II:	
JONATHAN BRUMLEV	VE	217 540-5181	
Name of	Person	at () Area Code Daytime T	'elephone Number
Enclosed is a check for th	e 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:

TO:

Registration Section

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

HISTORIC AUTOS LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our recorded ida Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability	Company were filed on MARCH 27, 2017	and assigned
Florida document number L17000069350		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
		Park Land
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	ORESS)	*
		= = =
		# # # # # # # # # # # # # # # # # # #
Enter new mailing address, if applicable:	-	• •
(Mailing address MAY BE A POST OFFICE BOX)		
D. If amonding the second second second		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		, enter the name of the ne
	 -	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	City	Zip 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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	RICHARD WORKMAN	9800 WALZER COURT	■ Add
		WINDERMERE, FL 34786	☐ Remove
			Change
MGR	JONATHAN BRUMLEVE	1200 NETWORK CENTRE DR	
		EFFINGHAM, IL 62401	□ Remove
			Change_
MGR	CURTIS FROST	1200 NETWORK CENTRE DR	Add
		EFFINGHAM, IL 62401	Remove
-			☐ Change
MGR	THOMAS HILL	1200 NETWORK CENTRE DR	
		EFFINGHAM, IL 62401	□ Remove
			■ Change
			_ □ Add
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f an effective date is line Note: If the date in	other than the date sted, the date must be spe serted in this block do e date on the Departm	ecific and ca ses not mee	t the applica	o date of filing of ble statutory f	or more than 90 Iling requirer	(optional days after filin	g.) Pursuan	t to 605.020 be listed as
ne record specifi The 90th day a	es a delayed effe after the record is	ctive dat s filed.	e, but not	an effectiv	e time, at	12:01 a.m	. on the	earlier o
Dated Ju	NE 1	· , ,	2017	_··				
	(W. • [mak.	Run				
	Signa	ure of a mor	pher or author	rized representa	ive of a mamb	.er		

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Filing Fee: \$25.00