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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration Se Division of Con | | | |
|--|---|---|--|
| SUBJECT: | R Parki | ng LCK Maint ited Wability Company | genance LLC |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspondence | ondence concerning this matter | to the following: | |
| | Francos | Name of Person | <u>.</u> |
| | GARPa | VLING LOT MC | intenance UC |
| | 6828 20 | oth St Address | |
| | zephy | Vhills FC 3. | 3542 |
| | E-mail address: (1 | o be used for fulfure annual report notif | Omication) |
| For further information c | oncerning this matter, please ca | ail: | |
| Kvistiu Name o | Guliervez Person | at (S13) 702 Area Code Daytime | Telephone Number |
| Englosed is a check for the | ne 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) |

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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 Taliahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

| TO ARTICLES OF ORGANIZATION |
|--|
| OF 2017 AUG. |
| ARTICLES OF ORGANIZATION OF CARPOVENA LOE MAINTENANCONICHE COMPANY as it now appears on our records.) (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) |
| The Articles of Organization for this Limited Liability Company were filed on $67/28/2017$ and assigned Florida document number 417060161399 |
| 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 name of the new registered agent and/or the new registered office address here: |
| Name of New Registered Agent: FVONCES Guttevez New Registered Office Address: L828 20th 5t Enter Florida street address |
| 7 0 1 1 1 2 3542 |

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.

Teity

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 Address Type of Action Name □ Remove ☐ Change Knstru Gutierrez 682820th St Zephyvhills, FL 33542 ☐ Change Frances Guberrez 6828 2041 St - owner MGR Zephyrhills,FC33542 ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

| | | | <u> </u> | | | <u> </u> |
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| effective date i | is listed, the date m | ne date of filing: just be specific and ca | innot be prior to d | ate of filing or more t | (option han 90 days after fil | ing.) Pursuant to 605.020 |
| | | block does not mee Department of Stat | | statutory filing rec | quirements, this d | ate will not be listed a |
| | | • | | | | |
| | cifies a delayery of after the re | | te, but not a | n effective time | e, at 12:01 a.r | n. on the earlier |
| d 8/c | 1/2010 | <u> </u> | | | | |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00