118000072740

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	me)
(Do	cument Number)	
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COVER LETTER

TO: Registration 5 Division of Co	Section Corporations	
BRADLE SUBJECT:	EY PARKER LLC	
SOBJECT:	Name of Limited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are submitted for filing.	
Please return all corresp	spondence concerning this matter to the following:	
	Brad Parker	
	Name of Person	
	BRADLEY PARKER LI.C	
	Firm/Company	
	3399 MERMOOR DR108	atus &
	Address	
	PALM HARBOR, FL 34685	r filing. lowing: me of Person m/Company Address te and Zip Code for future annual report notification) 727 686-7694 (
	City/State and Zip Code xfins13@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please call;	
Brad Parker		
Name o	of Person at ()	
Enclosed is a check for t	the following amount:	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee Certificate of Status	atus &

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

BRADLEY PARKER LLC	<u>.</u>		
(<u>Name of the Limited Liability Ce</u> (A Florida Lim	ampany as it now appears on outed Liability Company)	ur record <u>s.</u>)	
he Articles of Organization for this Limited Liability Complorida document number L18000072740	pany were filed on $\frac{03/21/20}{}$	018	and assigned
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited	liability company here:		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designat	tion "LLC" or the abb	previation "L.L.C."
ater new principal offices address, if applicable:			<u></u>
Principal office address MUST BE A STREET ADDRES.	<u>S)</u>		<u>6</u> <u>17 St</u>
		· · · · ·	<u> </u>
			25 25 27
nter new mailing address, if applicable:			- 3 3
Mailing address MAY BE A POST OFFICE BOX)	·		—— "
		_	<u> 5</u>
3. If amending the registered agent and/or registere egistered agent and/or the new registered office address		records, enter	the name of the
Name of New Registered Agent:			
New Registered Office Address:	<u> </u>		
	Enter Florida str	reet address	
		, Florida	Zip Code

If Changing Registered Agent, Signature of New 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
AMBR	Jason Heape	456 N Bath Club Blvd	= Add
		North Redington Beach, FL 337	☐ Remove
			Change
AMBR	Mark Bittner	2261 Gulf to Bay Blvd. #234	
		Clearwater, FL 33765	Remove
			□ Change
			D Add
			□ Remove
			Change
			Remove
			Change
			□ Remove
			Change
	.		Add
			Remove
			Change

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			<u> </u>		_
Ifective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be ote: If the date inserted in this block does not meet the becument's effective date on the Department of State's re	applicable statu	2018 filing or more than 9 ntory filing require	(optional) Odays after filing.) ments, this date w	Pursuant to 6 fill not be fi	05.0207 sted as
e record specifies a delayed effective date, b The 90th day after the record is filed.		ective time, at	12:01 a.m. o	n the ear	lier of
ated 6/21/2018 X Backley autr	·	resentative of a mem			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00