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COVER LETTER

	stration Section of Corp			
SUBJECT:	Par Lone LL	C		
_		Name of Limi	ited Liability Company	
The enclosed	Anicles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return :	ill correspon	dence concerning this matter t	to the following:	
		Jennifer R Lipowski		
			Name of Person	
		On Par Lane LLC		
			Firm:Company	
		3701 Par Road		
			Address	
		Sebring, FL 33872		
		onparinvestmentslle@gmail	City/State and Zip Code	
		- -	to be used for future annual report no	tification)
For further in	formation co	ncerning this matter, please ca	all:	
Jennifer R Li	powski		863 214-3674	
	Name of	Person	at () Area Code Dayti	me Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fi	ling Fee	S30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional 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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Par Lane LLC		
(Name of the Limited Link (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on May 23, 2018	and assigned
Florida document number L18000128638	 '	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
On Par Lane LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the	aboreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac	gistered office address on our records, <u>ente</u> <u>ddress here</u> :	r the same of the new
Name of New Registered Agent:		10 to 1
New Registered Office Address:	27 - 17 - 17	The state of the s
	Enter Florida street address	
	, Florida _	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

Page 1 of 3

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 = N $ AMBR = A$: lanager .uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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E. Effective date, is	fother than the da	e of filing:	<u> </u>		(optional)	
Note: If the date	listed, the date must be inserted in this block	does not meet the	applicable statute	ling or more than 90 d: ory: filling requireme	ws after filing.) Pr nts, this date wil	irsuant to 605,0207 I not be listed as
document's effect	ive date on the Depai	tment of State's r	ecords.			
If the record spec	ifies a delayed ef	fective date, b	out not an effe	ctive time, at 11	2:01 a.m. on	the earlier o
(b) The 90th day	after the record	is filed.			2102 0 011	ine earner of
Dated May, 31		2018	;			
Dated	- 1	·	· .			
	>	-1 DTD	W/	\		
				entative of a member		

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Filing Fee: \$25.00