L18000170724

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COVER LETTER

Registration Section

TO:

Division of Cor	porations		
	O TRUCK PARKING LLC		
SUBJECT:	Name of Limi	ited Liability Company	
	Amendment and fee(s) are sub-		
Please return all correspo	ondence concerning this matter	to the following:	
	Ruth Noemi Yanick Melen	dez	
		Name of Person	
	Park N Go Truck Parking I	LLC	
		Firm/Company	
	225 Wisconsin Ave,		
		Address	· · · · · · · · · · · · · · · · · · ·
	Saint Cloud,FL 34769		
		City/State and Zip Code	
	noemi.yanick@gmail.com E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
Ruth Noemi Yanick Me	lendez	407 729 6006	
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 Addre Registration Division of O P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee c Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARK N GO TRUCK PARKING		
(Name of the Limi	ted Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited L	iability Company were filed on	and assigned
Florida document number L18000170724		
This amendment is submitted to amend the fol	owing:	
A. If amending name, enter the new name of	of the limited liability company her	<u>e</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STREE	ET ADDRESS)	
		020 DEC
		; E m
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE		
-		
		34
B. If amending the registered agent and/or agent and/or the new registered office address.		cords, <u>enter the name of the new registe</u>
Name of New Registered Agent:	Rebecca Melendez	
New Registered Office Address:	1868 Katz Crossing Drive.	
	Enter Flor	ida street address
	Kissimmee	, Florida ³⁴⁷⁴⁴
	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.

f Canging Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
MGR	Ruth Noemi Yanick Melendez	225 Wisconsin Ave, Saint Cloud.FL 34769	= Add
			Remove
			□Change
MGR	Rebecca Melendez	1868 Katz Crossing Drive, Kissimmee Fl 34744	= Add
			□Remove
			□Change
MGR	Jose Ramon Melendez	110 Scabrecze Circle Kissimmee Fl, 34743	2028 ■ Add
		<u>.</u> :	DE TO
MGR	Leandro Velazquez JR	1868 Katz Crossing Drive, Kissimmee Fl 34744	∯ Agyadd Diwange
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

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