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SCURTARY OF STATE
STURY OF CORPORATIONS

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COVER LETTER

TO: Registration Se Division of Cor					
Easy Parkir SUBJECT:	ng Florida LLC				
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.			
Please return all correspo	ondence concerning this matter (to the following:			
•	Joshua LaRose				
		Name of Person	 _		
	Easy Parking Florida				
		Firm/Company			
	1829 Kenilworth St.				
		Address			
	Sarasota FL, 34231				
		City/State and Zip Code			
	joshua@easyparkinggroup.c	om o be used for future annual report notifica	tion)		
For firsthur information of	e-mail address: (i		11011)		
	concerning this matter, prease ea				
Joshua LaRose		941 592-0175 at ()			
Name of Enclosed is a check for the	of Person	Area Code Daytime To	clephone Number	20 11/18 19	
	<u>-</u>	E caroo en la co	□ 6(0,00 PW F		00. 1.5.5.5.1
□ \$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)	FH 2: 59	JF STATE SPORATE

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Taliahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Easy Parking Horida LLC (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 $\frac{04/09/2019}{1}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Easy Parking Group LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." 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: New Registered Office Address: Enter Florida street address

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, 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
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(optional)
g or more than 90 days after filing.) Pursuant to 605.020. It filing requirements, this date will not be listed as
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tative of a member

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Filing Fee: \$25.00