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## **COVER LETTER**

TO:	Registration Se Division of Co					
	Park Gree	n Apartments, LLC				
SURJE	CT:	Name of Lin	nited Liability Company		<del></del>	
		Amendment and fee(s) are sub	•			
Please r	eturn all correspo	ondence concerning this matter  Dean Bardino	to the following:			
		D.1.C	Name of Person			
		Park Green Apartments, I	.1.0			
		1111 Kane Concourse Su	Firm/Company ite 310			
		Address Bay Harbor Islands, FL 33154				
		solohouses15@gmail.com			<del></del>	
			to be used for future annual	report notific	ation)	
For furth Dean B		oncerning this matter, please c		95-9495		
	Name o	f Person	at () Area Code	Daytime T	elephone Number	
Enclosed	is a check for th	ne following amount:				
□ <b>\$</b> 25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is end		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	MAIL	ING ADDRESS:	STREE	I/COURTE	R ADDRESS:	

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARK GREEN APARTMENTS, LLC	С	
(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 Liab Florida document number	pility Company were filed on	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET.	ADDRESS)	
		7/6 00
Enter new mailing address, if applicable:		AUG 2
(Mailing address MAY BE A POST OFFICE BO	<u></u>	<i>v,</i> •
	<u>i</u>	7
	i di	25.
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter the</u> ce address here:	he name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u> MGR	<u>Name</u> Gabriel Lander	Address 1532 SW 147 AVE	Type of Action
	· · · · · · · · · · · · · · · · · · ·	PEMBROKE PINES, FL 33027	Add
			□ Remove
			☐ Change
			Remove
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			Change

If amending any other informati	ion, enter change(s) here: (Attach additional sheets, if necessary.)	
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Effective date, if other than the d (If an effective date is listed, the date must be Note: If the date inserted in this blood document's effective date on the Dep	date of filing:	to 605.0207 ( e listed as th
the record specifies a delayed ) The 90th day after the reco	effective date, but not an effective time, at 12:01 a.m. on the $\varepsilon$ ard is filed.	earlier of:
August 27th	2019	
Dated	· · · · · · · · · · · · · · · · · · ·	
	1-1	_
	Signature of a member or authorized representative of a member	
Dean Bardino		
	Typed or printed name of signee	

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Filing Fee: \$25.00