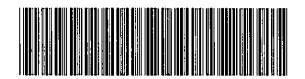
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## **COVER LETTER**

| porations                                     |   |  |  |
|---|---|--|--|
| LC  |   |  |  |
| Name of Lim                                   | ited Liability Company  |  |  |
| Amendment and fee(s) are sub                  | mitted for filing.  |  |  |
| ondence concerning this matter                | to the following:   |  |  |
| Andrew Hock                                   |   |  |  |
|   | Name of Person  |  |  |
| Dewitt Law Firm P.A.                          |   |  |  |
|   | Firm/Company  |  |  |
| 1560 W. Cleveland St.                         |   |  |  |
|   | Address   |  |  |
| Tampa, FL 33606                               |   |  |  |
| 1 101 101                                     | City/State and Zip Code   |  |  |
| <del>-</del>                                  |   | ification)   |  |
|   |   |  |  |
|   | 813 251-2701  |  |  |
| of Person                                     |   | ne Telephone Number  |  |
| he following amount:                          |   |  |  |
| \$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) |  |
| <u>ss:</u><br>Section                         | Street Address:<br>Registration Se  | ection   |  |
| Registration Section Division of Corporations |   | rporations   |  |
| P.O. Box 6327<br>Tallahassee, FL 32314        |   | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810                                 |  |
|   | Amendment and fee(s) are subsondence concerning this matter  Andrew Hoek  Dewitt Law Firm P.A.  1560 W. Cleveland St.  Tampa, FL 33606  andrewhoek@dewittlaw.com E-mail address: (concerning this matter, please concerning this matter, please concerning this matter, please concerning this matter, please concerning this matter. | Amendment and fee(s) are submitted for filing.  Andrew Hoek    Name of Person              |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| PARC 8, LLC  |  |  |
|--|--|--|
| ( <u>Name of the Limited Liabili</u><br>(A Florida   | ty Company as it now appears on our r<br>Limited Liability Company)                                      | ecords.)   |
| The Articles of Organization for this Limited Liability C Florida document number £19000242213   | Company were filed on <u>09/25/2019</u>  | and assigned   |
| This amendment is submitted to amend the following:  |  |  |
| A. If amending name, enter the new name of the limit   | ited liability company here:   |  |
| The new name must be distinguishable and contain the words "Lim  | ited Liability Company," the designation   | "LLC" or the abbreviation "L.L.C."                               |
| Enter new principal offices address, if applicable:  |  | Na Sur   |
| (Principal office address MUST BE A STREET ADDR  | RESS)  | 100 TX,  |
|  |  | <u> </u>   |
|  |  | را<br>ا  |
| Enter new mailing address, if applicable:  |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |  |
|  | <del></del>  | 0 -  |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here:   | d office address on our records, <u>e</u>  | enter the name of the new registere                              |
| Name of New Registered Agent:  |  |  |
| New Registered Office Address:   |  |  |
|  | Enter Florida street   | address  |
|  |  | _, Florida   |
|  | City   | Zip Code   |
| New Registered Agent's Signature, if changing Registere  |  |  |
| I hereby accept the appointment as registered agent<br>provisions of all statutes relative to the proper and c<br>accept the obligations of my position as registered a<br>being filed to merely reflect a change in the registere<br>company has been notified in writing of this change. | complete performance of my duti<br>gent as provided for in Chapter<br>ed office address, I hereby confit | es, and I am familiar with and 605, F.S. Or. if this document is |

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 |
|--------------|---------------------|---------------------|----------------|
| MGR          | DESILVA, PATHMANATH | 410 WARE BLVD, 303  | □Add           |
|              |                     | TAMPA, FL 33619     | Remove         |
|              |                     |                     | □ Change       |
| MGR          | HOEK, ANDREW        | 1560 W CLEVELAND ST | ≅Add           |
|              |                     | TAMPA, FL 33606     | □Remove        |
|              |                     |                     | □Change        |
|              |                     |                     | □Add           |
|              | •                   |                     | □Remove 22     |
|              |                     |                     | ☐ Change       |
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| (If an eff | ive date, if other than the date of filing:   | to 605.0207 (3)(be listed as the |
| the recor  | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th dated. | y after the                      |
| Dated      | 10/4/13   |                                  |
|            |   |                                  |
|            | englure of a member or authorized representative of a member  |                                  |
|            | Andrew Hoek   |                                  |

Filing Fee: \$25.00