L19000301162

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COVER LETTER

TO: Registration Division of C			
Park Lar			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	James Steffy		
		Name of Person	1.2
	Park Lane, LLC		
		Firm/Company	
	3245 Tyrone Blvd N		
		Address	
	St Petersburg, Fl. 33710		
		City/State and Zip Code	
	jamesrsteffy@gmail.com E-mail address: (to be used for future annual report notif	ication)
For further information	on concerning this matter, please c	all:	
James Steffy		813 602-2685	
Nan	ne of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	_	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
P.O. Box 6	on Section f Corporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ell ED

|--|

(Name of the Limited Liability Company as it now appears on our records.) 122 Pii + Li
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L	(A Florida Ellillicu		1187 1814 (1	TRANS
The Articles of Organization for this Limited L	iability Company	were filed on 12/10/2019		and assigned
Florida document number 1.19000301162	 .			
This amendment is submitted to amend the foll	lowing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
N/A				
The new name must be distinguishable and contain the	words "Limited Liabi	hty Company," the designation	"LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applie	cable:	N/A		
Principal office address MUST BE A STREI	ET ADDRESS)			
Enter new mailing address, if applicable:		N/A		
Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>c</u>	enter the nam	e of the new regist
Name of New Registered Agent:	N/A			
New Registered Office Address:		Enter Florida street o	uddress	
			_, 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 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
AMBR Chris Auletta		13799 Park Blvd N. Ste 173, Seminole, FL 33776	= Add
	Chris Auletta		□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
***			□Add
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			🗆 Change
			□Add
			□Remove

N/A				
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			E-filmer	
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ective date, if other than the	date of filing:		(optional) 90 days after filing.) Pursuant to 605.0	
n effective date is listed, the date mus	it be specific and cannot be prior ock does not meet the applic	to date of filing or more than cable statutory filing requir	90 days after filing.) Pursuant to 605.0 ements, this date will not be listed)207 d as
cument's effective date on the De				
	e date, but not an effective t	ime, at 12:01 a.m. on the e	arlier of: (b) The 90th day after t	the
is filed.				
October 10	2021			
ted October 19		,		
	1	SSM orized representative of a me		
/2				

Typed or printed name of signee