L200000 42727

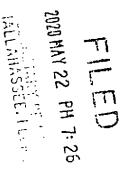
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300344252793

05/22/20--01010--022 **30.00





COVER LETTER

Division of Co		,	
	RO CONSULTING LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing	
	ondence concerning this matter	-	
	LYNDELL PARKS		
		Name of Person	
	PARKS PRO CONSULT	ING LLC	
		Firm/Company	
	24161 GREEN HERON	DRIVE	
		Address	
	PORT CHARLOTTE FL	33980	
		City/State and Zip Code	
	LYNDELL.PARKS @GM	AIL.COM to be used for future annual report notifice	
Car further information		•	ation)
	concerning this matter, please c	311:	
LYNDELL PARKS		239 841-5817 at ()	
Name o	of Person		elephone 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		Street Address: Registration Secti	on

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) IALLAHASSEE. FLorid

The Articles of Organization for this Limited Liability Company were filed on 02/05/2020 and assigned

Florida document number L20000042727

Florida document number L20000042727			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility compa	ny here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company,	"the designation "LLC" or the abb	previation "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 agent and/or the new registered office address here:	address on o	our records, <u>enter the name</u>	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Ente	er 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 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	CINDY L HICKEY	805 N. 7TH ST. RIVERTON IL 62561	= Add
			□Remove
			□Change
MGR	JOHN HEPLER	731 SOLANA LOOP PUNTA GORDA FL 33950	= Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
·			□Add
			Remove
			□Change
			□Add
			□Remove
			□ Chanus

_		
_		
_		
_		
_		
		
=		
-		
-		
_		
_		
_		
-		
_		
-		
FF :	are date if when they the date of filling	
an effe lote:	ve date, if other than the date of filing:	()7 (as t
recore Lis fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after thed.	ie
ated	05/20/2020	
	Jackett Porla	
	Signature of a member or authorized representative of a member	
	LYNDELL PARKS	

Filing Fee: \$25.00