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COVER LETTER

TO: Registration Se Division of Cor			
	Consulting LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Lyndell Parks		
		Name of Person	
	Parks Pros Consulting LLC		
	<u></u>	Firm/Company	
	24161 Green heron Drv.		
		Address	
	Port Charlotte FL 33980		
	I 1.11 D. 1 O	City/State and Zip Code	· · ·
	Lyndell.Parks@gmail.com E-mail address: (to be used for future annual report notifica	ation)
For further information	concerning this matter, please c	all:	
Lyndell Parks		239 841-5817	
Name	of Person	at ()Area Code Daytime T	elephone Number
Enclosed is a check for	the 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 Division of 6 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporate Centre of Tallahassee, FL 3	orations Hahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Parks Pros Consulting LLC	
(Name of the Limited Liability Compa (A Florida Limited L	iny as it now appears on our records.) Ciability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u> </u>	were filed on $\frac{2-5-2020}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	202D SE:
Principal office address MUST BE A STREET ADDRESS)	2020 OCT SECRETA TRALEA
	1 P 1 P 1 P 1 P 1 P 1 P 1 P 1 P 1 P 1 P
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	rnier Florida street address
	, Florida
	City Zip Code

<u> New Registered Agent's Signature, if changing Registered Agent:</u>

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 Street	
		Riverton IL 62561	= Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			DAdd
			□Remove
			□Change
			□Add
			Remove
		☐ Change	
			□ Add
			Remove
			□Change

If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
•	
	· · · · · · · · · · · · · · · · · · ·
(If an ef Note:	tive date, if other than the date of filing:
ie reco ord is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	10-28-2020 AMBR.
	10-28-2020 AMBR.
	Signature of a member or authorized representative of a member
	Lyndell Parks

Typed or printed name of signee