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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT PARK	123 ENTERPE	PISES LLC	
SUBJECT: 1 1/1/2/	Name of Lim	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	DERLY 7. C	SANDOVAL	
		Name of Person	
		Firm/Company	<del></del>
	3923 LAKE 4	JORTH RD # 113 Address	5
	(WC) (LAKE)	PALM SPRINGS, City/State and Zip Code Chołmoil.Com to be used for future annual report no	FL 33461
	derludur V 6	hotmail.com	
	E-mail address: (	to be used for future annual report no	tification)
For further information co	oncerning this matter, please co	all:	
DERLY P.	SANDOVAL	at ( <u>53 /</u> ) <u>293-</u> Area Code Daytie	6731
Name of	f Person	Area Code Daytie	me Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S	<del></del>	Street Address: Registration S	ection
Division of C		Division of Co	orporations
P.O. Box 632		The Centre of	
Mailing Address Registration S Division of C	\$30.00 Filing Fee & Certificate of Status  s: Section orporations 7	Certified Copy (additional copy is enclosed)  Street Address: Registration Solvision of Co	Certificate of Stat Certified Copy (additional copy is end ection proporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAKA 123 ENTERPRI	
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on Tone 08 2020 and assigned
Florida document number 12000156681.	/
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 Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3923 Laxeworth Rd # 115 Palm Springs, FL 33461
(Principal office address MUST BE A STREET ADDRESS)	Palm Springs, FL 33461
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3923 Lakeworth Rd # 115 Palm Springs, FL 33461
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	
N CN D to LA	7970 NC -
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Emel Florida Street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	50

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>	Name	Address	Type of Action
AR	Johanna K Choves	6821 WAGE CIRCLE WEST PALM DEACH, FL 3341.	_ □Add
			□Remove
			_ <b>Æ</b> iChange
			□Add
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			🗆 Change
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			□Remove
			□Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
lote: If	e date, if other than the date of filing:
record s d is filed	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
ated	10/28/2020
	Signature of a member or duporized representative of a member
	Typed or printed name of signce

Filing Fee: \$25.00