

L20 000361650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

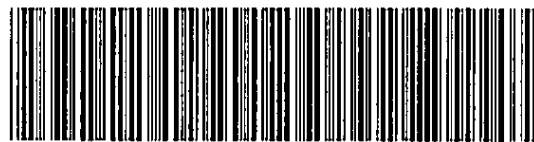
(Business Entity Name)

(Document Number)

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2021 JUN 10 AM 10:48

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2021 JUN -9 AM 11:04

SEAL OF THE STATE OF FLORIDA  
TALLAHASSEE, FL

May 7, 2021

JERMAINE PARKINSON  
10360 CITY CENTER BLVD APT 305  
PEMBROKE PINES, FL 33025

SUBJECT: EJP MONEY SERVICES LLC  
Ref. Number: L20000361650

We have received your document for EJP MONEY SERVICES LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers  
Regulatory Specialist II

Letter Number: 221A00009575

## COVER LETTER

TO: Registration Section  
Division of Corporations  
EJP MONEY SERVICES

SUBJECT: \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JERMAINE PARKINSON

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

10360 City Center Blvd APT 305

\_\_\_\_\_  
Address

Pembroke Pines/FL 33025

\_\_\_\_\_  
City/State and Zip Code

Jermaine Parkinson91@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JERMAINE PARKINSON

954 728-0626

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|---|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

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**

EJP MONEY SERVICES

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

The Articles of Organization for this Limited Liability Company were filed on 11/16/2020 and assigned  
Florida document number 120000361650.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

PARKINSON VENTURES Limited Liability Company

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

10360 City Center Blvd APT305

Pembroke Pines/FL/33025

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

10360 City Center Blvd APT305

Pembroke Pines/FL/33025

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter 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 Changing Registered Agent, Signature of New Registered Agent**

[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Dated 05/23/2021

*Jeanne Parkins*  
Signature of a member of

Signature of a member or authorized representative of a member

JERMAINE PARKINSON

Typed or printed name of signee