LZ1 000013516

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(Document Number)
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04/01/21--01014--007 **25.00

S.C.

COVER LETTER

TO: Registration S Division of Co		. ,	
The Parkw	ood Project LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Tka Nembhard		
		Name of Person	
	The Parkwood Project LLC		
		Firm/Company	
	1126 S Federal HWY 1100)	
		Address	
	Fort Lauderdale FL 33316		
	in Co Oth manhous adaptions of	City/State and Zip Code	
	info@theparkwoodproject.c E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
Tka Nembhard		954 504-9114 at ()	
Name of Person		Area Code Daytimo	e Telephone 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)	S60.00 Filing Fee
Mailing Addre Registration Division of 6 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa				
(A Florida Limited)	ny as it now appears on liability Company)	our records.)		
The Articles of Organization for this Limited Liability Company Florida document number L210000135516			and assi	gned
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 design	nation "LLC" or the ab	breviation "L.1	C."
Enter new principal offices address, if applicable:	1126 South Federal	HWY		
(Principal office address MUST BE A STREET ADDRESS)	Suite 1100			
	Fort Lauderdale FL 33316			
Enter new mailing address, if applicable:	1126 South Federal	HWY		
Enter new maning address, it applicable: (Mailing address MAY BE A POST OFFICE BOX)	Suite 1100			
	Fort Lauderdale FL 33316			
		ede astartha nam	C 4 k	
	address on our reco		e of the new	regist <u>er</u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	N/K		e of the new	register
Name of New Registered Agent:	N/K	NIV	e of the new	register
Name of New Registered Agent:	Enter Florida	NIV	MA	register
Name of New Registered Agent:	Enter Florida . NIA City	NIA street address	NA Code	register

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
	419	44	□Add
			□Remove
			☐ Change
	-		□Add
			□Remove
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and ca		- C & U	(optio	nal)	
e: If the date inserted in this block does not mee	et the applicable	statutory filing r	man 90 days aner: quirements, this	date will no	ot be listed
ument's effective date on the Department of Stat	te's records.				
cord specifies a delayed effective date, but not an affiled.	n effective time,	at 12:01 a.m. on	the earlier of: (b)	The 90	day after t
Thed.				APR	~
March 26	2021			75 I	
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(k/ ,			•	A	77
Agriculte of a mei	mber or authorized	representative of	a member	11: 55	J

Filing Fee: \$25.00