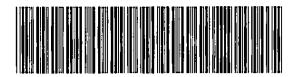
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## **COVER LETTER**

TO:	Registration Se Division of Cor							
011011	Parrot Real	ty Professionals, LLC						
SUBJE	Name of Limited Liability Company							
The enc	closed Articles of	Amendment and fee(s) are sub	omitted for tiling.					
Please i	eturn all correspo	ondence concerning this matter	to the following:					
		Jason H. Haber, Esq.						
			Name of Person					
		Haber Blank, LLP						
	Firm/Company							
	888 S. Andrews Avenue, Suite 201							
			Address					
	Fort Lauderdale, FL 33316							
		operations@parklandparrot.	City/State and Zip Code .com					
		E-mail address: (	to be used for future annual report notification)					
For furt	her information e	oncerning this matter, please ea	all:					
Jason I	I. Haber		954 767-0300 at ( )					
Name of Person		f Person	Area Code Daytime Telephone Number					
Enclose	ed is a check for th	ne following amount:		Ø				
<b>≡</b> \$25	5,00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee Certified Copy (additional copy is enclosed)	ms &				
			- τ	J ; 17				
	Mailing Address Registration 5 Division of C P.O. Box 632 Tallahassee, I	Section 'orporations '7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	3				

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company lorida document number <u>L21000102005</u> .	were filed on March 2, 2021	and assigned
his amendment is submitted to amend the following:		
If amending name, <u>enter the new name of the limited liab</u>	llity company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:  Name of New Registered Agent:	nddress on our records, <u>enter the n</u>	
New Registered Office Address:	Enter Florida street address	7021 MAR
		R I
	, Florida	Zip Code
		Uil

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	Geoffrey Jarvis	315 Circle Drive S. Suite 203	■Add
		Boynton Beach, FL 33435	□Remove
			□Remove
			Change
			□Add
			□Remove
			1887 E
			Reminve
			□Add
			□ Remove
			☐ Change
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: March 16, 2021 Extrective date, if other than the date of filing: (optional)

(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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will rep be listed as the document's effective date on the Department of State's records. 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 \_ 2021ignature of a member or authorized representative of a member