LZ1 000394301

(F	Requestor's Name)	
	Address)	
•	•	
(A	Address)	
(0	City/State/Zip/Phone #)	
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PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
([Ocument Number)	
Certified Copies	Certificates of	Statue
Certified Copies	Certificates of	
Special Instructions t	o Filing Officer:	
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Office Use Only



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S. CHATHAM OCT 3 - 2022

COVER LETTER

FO: Registration Sect Division of Corpo			
SUBJECT: Park	er Convenient C	apital LLC ited Liability Company	·
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Jol	Name of Person	
		Firm/Company	
		O Congress Avenue #	
		City/State and Zip Code	
For further information con	cerning this matter, please ca	·	
John Party Name of F	Person	at (267) 242 - C	7263 Telephone Number
inclosed 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, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

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

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

(Name of the Limite	d Liability Company A Florida Limited Liab	as it now appears on our pility Company)	records.)	
The Articles of Organization for this Limited Lia Florida document number 1.21000394301	ability Company we	ere filed on 09/03/2021	and assign	ned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabilit	y company here:		
The new name must be distinguishable and contain the we	ords "Limited Liability	Company," the designation	n "LLC" or the abbreviation "L.LC	· · ·
Enter new principal offices address, if applica	ble: _			ń.
(Principal office address MUST BE A STREE)	<u> ADDRESS)</u>		1 - 5	51 <u>-</u> 51
Enter new mailing address, if applicable:	-		RPORATION AT LIS	C
(Mailing address MAY BE A POST OFFICE E	<u>:0X)</u>		<u> </u>	
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:	· ·	iress on our records,	enter the name of the new r	egiste
New Registered Office Address:	6720 C	ongless Avenu Denier Florida street	1e #30	
	Boca Raton	JERUET PHOFICUI STREET	, Florida ³³⁴⁸⁷	
		City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

Parker Convergent Capital, LLC

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
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			□Remove
			Change
			□Add
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ctive date, if other than effective date is listed, the date is listed in the iment's effective date on the date of the date o	must be specific and is block does not m	I cannot be prior t neet the applica		nore than 90 days af		
ord specifies a delayed effe filed.	ective date, but not	an effective tin	ne, at 12:01 a.m.	on the earlier of:	(b) The 90th da	y after the
d 6/29/22	Signature of a r		_ ·			
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