## orida Department of State

**Division of Corporations Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			
Emall	ADDITESS:			

## LLC REGISTERED AGENT CHANGE PARALELLE DESIGN LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## PARALELLE PROPERTIES LLC

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

·	00/22/21
The Articles of Organization for this Limited Liability C	Company were filed on U9/22/21 and assigned
Florida document number L21000419276	<del></del> '
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
PARALLELE PROPERTIES LLC	
The new name must be distinguishable and contain the words "Lim	ited 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 ADDI	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	And the state of t
B. If amending the registered agent and/or registere	d office address on our records, enter the name of the new regist
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	·
New Registered Agent's Signature, if changing Registere	
provisions of all statutes relative to the proper and c accept the obligations of my position as registered a	and agree to act in this capacity. I further agree to comply with complete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is adoffice address, I hereby confirm that the limited liability.
company has been notified in writing of this change.	SE SE
	30 F
	If Changing Registered Agent, Signature of New Registered Agent

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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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ective date, if other than the date of filing: (opti-	rr filing.) Pursuant to 605 0207 (3
e: If the date inserted in this block does not meet the applicable statutory filing requirements, thiument's effective date on the Department of State's records.	is date will not be listed as th
and the state of t	
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (1	b) The 90th day after the
s filed.	6/2
Contember 20 2021	285 A.C.
September 30 2021	- SE
	PIC 2021 SEP 30 SE A TORRESSE
^^ ^	· · · · · · · · · · · · · · · · · · ·
Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member  Morgan Noble	NILLU 30 PH II L ASSEL FLORI