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COVER LETTER

TO:

Registration Section

Division of Co	orporations		
	ealty Services, LLC		
SUBJECT: Name of Limited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Mellisa Carlson		
		Name of Person	
	Parallel Realty Services, L	LC	
		Firm/Company	
	2830 Regent Crescent Driv	ve	
	11-21	Address	
	South Daytona, FL 32119		
		City/State and Zip Code	
	missyatparallel@gmail.com		
		to be used for future annual report notif	reation)
For further information	concerning this matter, please c	all:	
Mellisa Carlson		386 882-7322	
Name	of Person		Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Fifing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassec,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee 2 Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Parallel Realty Services, LLC

(A Florid	da Limited Liability Comp	pany)		
The Articles of Organization for this Limited Liability Florida document number 1.21000466621		on <u>10/27/2021</u>		and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability compa	ny here:		
Missy Carlson, LLC				
The new name must be distinguishable and contain the words "Lin	mited Liability Company,	the designation "LLC" of	the abb	previation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:		our records, <u>enter th</u>	: name	e of the new registere
Name of New Registered Agent:			2	20
				<u> </u>
New Registered Office Address:	Ente	er Florida street address		<u> </u>
		121	a	<u>.</u>
-	Сіцу	, Florid	14 <u></u>	Zip Code
New Registered Agent's Signature, if changing Register	ed Agent:		73	ယ္
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performan agent as provided for red office address, L	ce of my duties, and . r in Chapter 605, F.S	l am fa S. Or, i	uniliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being adde</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
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			□Remove
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		□Remove	
			□ Change

Page 2 of 3

	
	11/1/2021
(If an et Note:	tive date, if other than the date of filing: [11/1/2021] (optional) (feetive 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 (and the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: a 90th day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	MellisA CARLSON
	Typed or printed name of signee