## L22000017693

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Dasiness Entry Name)                   |
| (Document Number)                       |
| (Execution Notifices)                   |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

Office Use Only



200392325072

08/15/22--01010--023 \*\*25.00

FILED 2022 AUG 15 PH 2: 30

A. BUTLER NOV - 3 2022

## **COVER LETTER**

| O:    | Registration Sec<br>Division of Corp |  |   |   |
|-------|--------------------------------------|--|---|---|
| UBJI  | ECT: <u>PARCST</u>                   | REET, LLC<br>Name of Limit                   | ed Liability Company  |   |
|       |                                      |  |   |   |
| he en | closed Articles of 2                 | Amendment and fee(s) are subn                | nitted for tiling.  |   |
| lease | return all correspor                 | ndence concerning this matter to             | o the following:  |   |
|       |                                      | N  | //aria Woodford   |   |
|       |                                      |  | Name of Person  |   |
|       |                                      | F  | arcstreet, LLC  |   |
|       |                                      |  | Firm/Company  |   |
|       |                                      | 1016 Th                                      | nomas Drive Unit  | 262   |
|       |                                      |  | Address   | <del></del>   |
|       |                                      | Panama                                       | a City Beach, FL 324  | 108   |
|       |                                      |  | City State and Zip Code   |   |
|       |                                      |  | oodford@parcstreet.c  |   |
|       |                                      | E-mail address: (t                           | o be used for future annual report no                                     | otification)  |
| or fu | riber information c                  | oncerning this matter, please ca             | all:  |   |
|       | Maria W                              | oodford                                      | at ( <u>850</u> , 708-705   |   |
|       |                                      | f Person                                     | Area Code Dayt  | ime Telephone Number  |
| inclo | sed is a check for the               | ne following amount:                         |   |   |
| 3 S   | 25.00 Filing Fee                     | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee &<br>Certified Copy<br>tadditional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>tadditional copy is enclosed) |
|       | MAIL                                 | ING ADDRESS:                                 | STREET/COU  | RIER ADDRESS:   |

Registration Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ANTIQUED OF AMENDMENT

## TO ARTICLES OF ORGANIZATION OF

| PARCST | DEET  | HC |  |
|--------|-------|----|--|
| FARUST | NEE!, |    |  |

| (Name of the Limit  | ed Liability Company as it now appears of<br>A Florida Limited Liability Company 1022 i | AUG 10 111 2: 3           | 0                     |
|---|---|---------------------------|-----------------------|
| e Articles of Organization for this Limited Li<br>rida document number L22000017683 | iability Company were filed on 01/1   | 0/22                      | E and assigned        |
| s amendment is submitted to amend the follo   | owing:  |                           |                       |
| If amending name, enter the new name of   | the limited liability company here:   | :                         |                       |
| new name must be distinguishable and contain the w                                  | ords "Limited Liability Company," the desig   | nation "LLC" or the       | abbreviation "L.L.C." |
| er new principal offices address, if applica  | able:   |                           |                       |
| ncipal office address MUST BE A STREE   | T ADDRESS)  |                           |                       |
| er new mailing address, if applicable:  |   |                           |                       |
| iling address MAY BE A POST OFFICE  | <u>BOX)</u>   |                           |                       |
| •   |   |                           |                       |
| If amending the registered agent and/<br>stered agent and/or the new registered of  |   | ır records, <u>ente</u> i | the name of the       |
| Name of New Registered Agent:   | Maria Woodford  |                           |                       |
| New Registered Office Address:  | 1016 Thomas Drive Unit 26   | 2                         |                       |
|   |   | street address            |                       |
|   | Enter Florida   | Witt add the              |                       |
|   | Panama City Beach  City   | Florida _                 | 32408<br>Zip Code     |

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

nereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

## or removed from our records:

MGR = Managér

AMBR = Authorized Member
Title Name

| <u>Title</u> | Name               | Address                     | Type of Action |
|--------------|--------------------|-----------------------------|----------------|
| MGR          | Brittany N. Harden | 1016 Thomas Drive Unit 262  | <b>2</b> Add   |
|              |                    | Panama City Beach, FL 32408 | □ Remove       |
|              |                    |                             | ☐ Change       |
| <del></del>  | <del></del>        | <del> </del>                |                |
|              |                    |                             | ☐ Remove       |
|              |                    | · <del></del>               | ☐ Change       |
|              |                    |                             | Add            |
|              |                    |                             | Remove         |
|              |                    |                             | Change         |
|              |                    |                             | 🗖 Add          |
|              |                    |                             | Remove         |
|              |                    |                             | Change         |
|              |                    |                             |                |
|              |                    |                             | ☐ Remove       |
|              |                    |                             | Change         |
|              |                    |                             | Add            |
|              |                    |                             | Remove         |
|              |                    |                             | Change         |

|              | ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)   |
|--------------|--|
|              |  |
|              |  |
|              |  |
|              |  |
|              |  |
|              |  |
| ··           |  |
| <del> </del> |  |
|              |  |
|              |  |
| <del></del>  |  |
|              |  |
|              |  |
|              |  |
|              |  |
|              |  |
|              |  |
| te: 11 i     | date, if other than the date of filing:  N/A  (optional)  we 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 ( the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to seffective date on the Department of State's records. |
|              | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: the day after the record is filed.   |
| ed           | August 10 2022.  |
|              | Signature of a member or authorized representative of a member   |
|              | Maria Woodford   |
|              | Typed or printed name of signee  |