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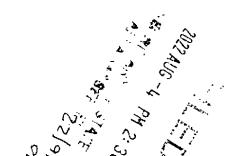
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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: PARKS TR	UE PARTNERS LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Victoria Parks		
		Name of Person	
	PARKS TRUE PARTNER	RS LLC	
		Firm/Company	
	924 N MAGNOLIA AVE	STE 202	
		Address	
	ORLANDO, FL 32803		
	•	City/State and Zip Code	· · · · ·
	victoriaparks@knights.uef.		
		to be used for future annual report not	ification)
For further information of	oncerning this matter, please c	all:	
Victoria Parks		904 962-6701 at ()	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing 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 Address Registration	Section	Street Address: Registration Se	
Division of C P.O. Box 632	•	Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
Tallahassee, l			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	LOW MANY CO		
(<u>Name of the Limited Liaf</u> (A Flor	oility Company as it now appear ida Limited Liability Company)	s on our records.)	-
The Articles of Organization for this Limited Liability Florida document number <u>L 220000 355 &</u>	Company were filed on <u> </u>	January 1820	2 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the line of	& Diganost	no Tection	110
The new name must be distinguishable and contain the words "L	imited Liability Company," the de	signation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			022
(Principal office address MUST BE A STREET ADI	ORESS)	<u> </u>	00
			District Control
Enter new mailing address, if applicable:		00 00 00 00 00 00 00 00 00 00 00 00 00	PH 2:
(Mailing address MAY BE A POST OFFICE BOX)			30
B. If amending the registered agent and/or register agent and/or the new registered office address here:	ed office address on our rec	cords, enter the name o	f the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Floria	la street address	
		Florida	
	City		Zip Code

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

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
		□Remove	
			□Change
			□Add
			□Remove
			□Change
		□Add	
			□ Remove
			□Change
		□Add	
		□Remove	
			□Change
			□Add
		□Remove	
			□ Change
		□Add	
			□ Remove
			_ □Change

	2022
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	Dr. J. J. James
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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing or more tee. If the date inserted in this block does not meet the applicable statutory filing r	; than 90 days after filing.) Pursuant to 605,020 requirements, this date will not be listed as
ument'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 s filed.	the earlier of: (b) The 90th day after the
1	
ed 12/12/22 2:20 am	
Orth () wh	۸_
Signature of a member or authorized representative of	a member