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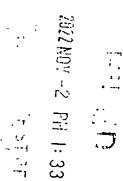
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COVER LETTER

TO:

Registration Section

Division of Corporations Park Street Express of NJ, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Andrea Nappi (Compliance Director) Name of Person Compliance Department- Park Street Express NJ, LLC Firm/Company 1000 Brickell Ave Suite 215 Address Miami, FL 33131 City/State and Zip Code PSENJ@parkstreet.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Andrea Nappi (Compliance Director) Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ■ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 HO! -2 PH 1:

Park Street Express of NJ, LLC

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

The Articles of Organization for this Limited Liabi	lity Company were filed on October 2	6, 2022 and assigned
Florida document number 1.22000460136	· · · · · · · · · · · · · · · · · · ·	
This amendment is submitted to amend the followi	រាសិ:	
A. If amending name, enter the new name of th	e limited liability company here:	
Park Street Express NJ, LLC		
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	IDDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or registered and/or the new registered office address h	stered office address on our records	, enter the name of the new registers
Name of New Registered Agent:	·	
New Registered Office Address:	Enter Florida stres	t allawa
	inter i atriata Mrec	
-	City	, Florida 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 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 ad 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
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). If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary,)
 	
	
Note: If th	late, if other than the date of filing:
the record specord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	
	Andrea Nappi, Compliance Director
	Signature of a member or authorized representative of a member
	Christian Mehringer, Manager
	Typed or printed name of signee

Filing Fee: \$25.00