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| (Requestor's Name)   |  |  |  |  |
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| PICK-UP WAIT MAIL  |  |  |  |  |
| (Business Entity Name)   |  |  |  |  |
|  |  |  |  |  |
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| Certified Copies Certificates of Status  |  |  |  |  |
| Special Instructions to Filing Officer.  |  |  |  |  |
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02/16/24--01020--016 \*\*60.00



Coverletter

Parker Industries and Consulting LLC.

Brian Parker (MGR) Registered Agent 561-356-3210

Prian P

## **COVER LETTER**

| 757.4°                        |                               | <del>-</del>                             |  |
|-------------------------------|-------------------------------|--|--|
| TO: Registratio               | Section .                     |  |  |
| DIAISION 01                   | Corporations                  |  |  |
| SUBJECT:                      | P, -                          |  |  |
| SOBJECT:                      | Larker Indi                   | estaies and mount                        | 11.  |
|                               | Name o                        | 1Stries and Consul                       | ting CC.                                     |
|                               |                               |  | U  |
| The enclosed Articles         | of Amendment and fee(s) are   |  |  |
| Diama                         | are and rec(s) are            | submitted for filing.                    |  |
| Flease return all corres      | pondence concerning this ma   | atter to the following:                  |  |
|                               |                               | - · · · · · · · · · · · · · · · · · · ·  |  |
|                               | R                             | $\cdot O$ .                              |  |
|                               |                               | in Parker                                |  |
|                               | _                             | Name of Person                           | <del></del>                                  |
|                               | Padraci                       | Industries and a                         | 4  |
|                               | 14,147                        | LADUSTRIES and                           | Consulting LC.                               |
|                               |                               | rimi/Company                             |  |
|                               | 741 Harris                    | spiral Way Apt 1                         |  |
|                               |                               | Address 1                                |  |
|                               | U 1.                          | ( )                                      |  |
|                               | North Pol                     | n Beach II                               | 2>/- 0                                       |
|                               | North Pal                     | City/State and Lip Code                  | 33408  |
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|                               | E-mail audress:               | (to be used for future annual report not | (fication)                                   |
| r further information c       | oncerning this matter, please | call·                                    | medion)                                      |
| $\mathcal{A}$ . $\mathcal{O}$ |                               |  |  |
| Dran Fai                      | deer                          | er:                                      | _  |
| Name of                       | Person                        | Area Code Davime                         |  |
|                               |                               | Daytimo                                  | e Telephone Number                           |
| losed is a check for the      | . C-11                        |  |  |
|                               | following amount:             |  | ,  |
| \$25.00 Filing Fee            | ☐ \$30.00 Filing Fee &        | □ \$55.00 Filing Fee &                   |  |
|                               | Certificate of Status         | Certified Copy                           | \$60.00 Filing Fee,                          |
|                               |                               | (additional copy is enclosed)            | Certificate of Status &                      |
|                               |                               | (mandonar copy is enclosed)              | Cettified Com.                               |
|                               |                               | (seed)                                   | Certified Copy (additional copy is enclosed) |

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

| Robert 1   |  |
|--|--|
| (Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)  | ng LLC.                                  |
| The Articles of Organization for this Limited Lie Land   |  |
| The Articles of Organization for this Limited Liability Company were filed on 6-  Florida document number <u>LZ3000294560</u> .  | -19-2023 and assigned                    |
| This amendment is submitted to amend the following:  |  |
| A. If amending name, enter the new name of the limited liability company here:   |  |
| The new name must be distinguishable and contain the words "Limited Liability Company." the designation of the principal offices address if the state of the stat |  |
| Enter new principal offices address, if applicable:  | ation "LLC" or the abbreviation "L.L.C." |
| (Principal office address MUST BE A STREET ADDRESS)  |  |
| SETT OF REET ADDRESS)  |  |
| <del></del>  |  |
| Enter new mailing address, if applicable:  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |
| THE DE X POST OF FICE BOX)   | 3  |
|  |  |
| B. If amending the registered agent and/or registered agent  |  |
| B. If amending the registered agent and/or registered office address on our records agent and/or the new registered office address here:   | , enter the name of the new registered   |
|  |  |
| Name of New Registered Agent:  | •  |
| New Registered Office Address:   |  |
| Enter Florida street   |  |
| in au street   | acates:s                                 |
| City   | Florida                                  |
| New Registered Agent's Signature, if changing Registered Agent:  | Zip Code                                 |
| ht   |  |

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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Title** Name **Address Type of Action** Phillip GALETTI MGR \_\_\_\_\_ □Change \_\_\_\_\_ □Remove \_\_\_\_\_\_ □Change \_\_\_\_\_ □Change

\_\_\_\_\_ Remove

| D. If amending any other information, en   | Page 2 of 3                            | *************************************** |
|--|--|---|
| any other information, en  | Mer ala                                |   |
|  | Here: (Attach addition                 |   |
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| E. Effective data is   |  | -                                       |
| E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot in the date inserted in this block does not meet the document's effective date on the Department of State's real of the record specifies a delayed at the date of the date in the record specifies a delayed at the date of the record specifies a delayed at the date of filing:  [If the record specifies a delayed at the date of fili |  |   |
| document's a grant date inserted in this be specific and cannot be   | 2-12-2074                              |   |
| series effective date on the Department of the   | applicable of filing or more than 00.1 | ptional)                                |
| If the an  | ecords.                                | fler filing.) Pursuant to 605 0202 (c   |
| (If an effective date is listed, the date must be specific and cannot in the Mote: If the date inserted in this block does not meet the document's effective date on the Department of State's result in the record specifies a delayed effective date, but the 90th day after the record is filed.  Dated 2-12-2024   |  | uns date will not be listed as the      |
| day after the record is fire date, bu  | t not an acc                           |   |
| is filed.  | an effective time, at 12:01            |   |
| Dated 2-12-2074  | -2.01                                  | a.m. on the earlier of:                 |
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| Menatra  | 1                                      | 0                                       |
| a member or au   | thorized representative of a member    | $\mathcal{L}_{i}$                       |
| Thillip GAIRTI   | and the of a member                    | Loules (MGR)                            |
|  | _                                      |   |
| · Aped or prini  | ted name of signee                     | in back and                             |
|  |  | Harrier (MGR)                           |