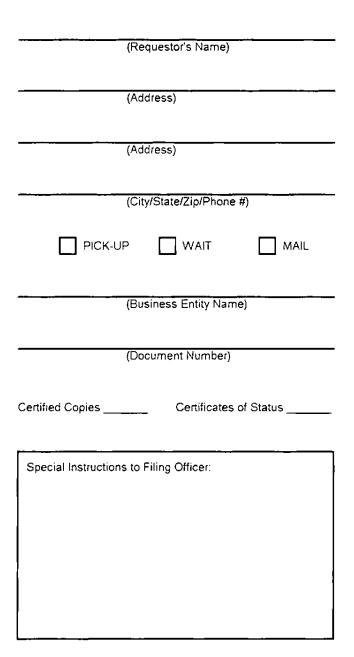
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Premier Parl	K Volet LLC
Name of I.	.imited Liability Company
The enclosed Articles of Amendment and fee(s) are s	submitted Con Clinic
Please return all correspondence concerning this matt	er to the following:
Myna	Ree Rolon Name of Person
Pigmie!	Pork Valet LLC Firm/Company
<u>6003</u> P	orick Rd
	Address
<u>St. (10</u>	Ouc Fl 3/1772 City/State and Zip Code
22 122 122	City/State and Zip Code
E-mail address	mena O quail . Com: (to be used for funtre annual report notification)
For further information concerning this matter, please	call:
Myriq Lee Polon Name of Person	at (<u>UO</u>) <u>773 - 5050</u> Area Code Daytime Telephone Number
0	Sayane receptore Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\sum \text{Certificate of Status}\$	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address:
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee
,	Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Thimid talk laler III.	
(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 Liability Company were filed on January 30, 2027 and assigned Florida document number 1, 24,00056356	
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 "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	_
The second secon	
Enter new mailing address, if applicable:	_
(Mailing address MAY BE A POST OFFICE BOX)	
	_
B. If amending the registered agent and/or registered office address on our records, enter the name of the new regist agent and/or the new registered office address here:	terec
Name of New Registered Agent:	_
New Registered Office Address:	_
Enter Florida street address	
, Florida, Ziv 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR Myrna Lee Rollon	6003 Brick Rd St. Cloud Fl 34772	CIAdd	
		□Remove	
		□Change	
		🗀 Add	
		□Remove	
		□Change	
		□Add	
		Remove	
		☐ Change	
		□Add	
		□Remove	
		□Change	
		□Add	
		□Remove	
		□Change	
		DAdd	
		□Remove	
		□ Channa	

D. If an	tending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
-	
:Note:	ive date, if other than the date of filing:
f the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	Feb 15 2024.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00

Electronic Articles of Organization For Florida Limited Liability Company

L24000056356 FILED 8:00 AM January 30, 2024 Sec. Of State dsultana

Article I

The name of the Limited Liability Company is: PREMIERPARK VALET, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

6003 BRICK RD ST. CLOUD, FL. 34772

The mailing address of the Limited Liability Company is:

6003 BRICK RD ST. CLOUD, FL. 34772

Article III

The name and Florida street address of the registered agent is:

MYRNA L ROLON 6003 BRICK RD ST. CLOUD, FL. 34772

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: MYRNA LEE ROLON

Article IV

The effective date for this Limited Liability Company shall be:

02/15/2024

Signature of member or an authorized representative

Electronic Signature: MYRNA LEE ROLON

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.