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Certified Copies	Certificates	of Status
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COVER LETTER

	Registration Se Division of Cor			
, curue c	UNITED P	ARKING ENTERPRISE LLC		
SUBJEC	ii:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		Pamela Poveda		
			Name of Person	
		UNITED PARKING ENT	ERPRISE LLC	
			Firm/Company	
		333 SE 2nd Av. Suite 281	0	
			Address	
		Miami, FL, 33131		
			City/State and Zip Code	
		pamela@ocp.tech		
		E-mail address: (to be used for future annual report not	ification)
For furthe	er information c	oncerning this matter, please c	all:	
Pamela I	Poveda		305 537 0800 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$2 5.0	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 Addres Registration S		Street Address: Registration Se	ection
Division of Corporations		Division of Co	Division of Corporations	
	P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monro	Fallahassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

UNITED PARKING ENTERPRISE LLC

2024 July 16 PM 5: 31

(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 $\frac{03/11/2024}{1}$ _ and assigned Florida document number 1.24000121219 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 "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida __ Cuy 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
MGR	ROSALES RIVAS, BRAYAN	333 SE 2nd Av. Suite 2810, Miami, FL 33131	□Add
			□Change
MGR	CUARTAS, ALFJANDRO	333 SE 2nd Av. Suite 2810, Miami, FL 33131	□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
			□Change

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Effective date if other than	the date of filing:	ontional)
Note: If the date inserted in th	the date of filing:	after filing.) Pursuant to 605.02 c, this date will not be listed
ne record specifies a delayed efford is filed.	ective date, but not an effective time, at 12:01 a.m. on the earlier of	of: (b) The 90th day after th
Dated July 10	2024	
A		

Filing Fee: \$25.00

Typed or printed name of signee