## L24000159458

(Requestor's Name)
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(Address)
(City (Charles File (D)) +0
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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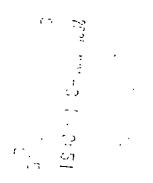
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## **COVER LETTER**

TO: Registration Section Division of Corporations CITY PARK MANAGEMENT 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: DIAMOND, AVIGDOR Name of Person CITY PARK MANAGEMENT LLC Firm/Company 900 NE 179TH TERR NORTH MIAMI BEACH, FL 33162 UN Address NORTH MIAMI BEACH, FL 33162 UN City/State and Zip Code info@thecitysewers.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **ARYEH COHEN** 787-2654 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (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

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CITY PARK MANAGEMENT LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	-
The Articles of Organization for this Limited Liability Company  Florida document number L24000159458	were filed onand	assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabl	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation	"LLC."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		<del></del>
Total new mailing address if an itself.		
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, enter the name of the r	iew register
Name of New Pagistored Assets		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florida	

## 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.

City

Zip Code

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	COHEN, ARYEH	4500 WEST PARK ROAD HOLLYWOOD, FL 3303	21 □ Add
			= Remove
			□Change
			□Add
			□Remove
			_ Change
		<del></del>	_ 🗆 Add
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