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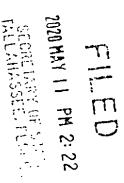
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Park Isle Associates, LLC 447 Crown St Brooklyn, NY 11225 718-756-0121

Re: L9600000839
May 4, 2020
To whom it may concern,
Attached is the amendment ppwk for the following LLC. Mr Mendel Drizin has passed. I have attached his death certificate for proof. Please add his wife as registered agent.
If you have nay questions please feel free to call.
Thank you
Stay Safe
Elana Gordon Malina

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Park Tole Associates LLC 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:
Elana Gordon - Malina Name of Person Park Isle Firm/Company
447 Crawn St. Address
City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report riotification)
For further information concerning this matter, please call:
Elara Glady-Malina, 718, 756-0121
Name of Person Area Code Daytime Telephone Number
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 (additional copy is enclosed) 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 TO

FILED

ARTICLES OF ORGANIZATION

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2020 MAY 11 PM 2: 22

(Name of the Limite	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Lie Florida document number	ability Company were filed on 8/5/1996 and assigned
This amendment is submitted to amend the follo	owing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:
(Principal office address MUST BE A STREET	T ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	BOX)
B. If amending the registered agent and/or re agent and/or the new registered office address	egistered office address on our records, <u>enter the name of the new registered</u> s here:
Name of New Registered Agent:	Chang Drizin
New Registered Office Address:	780 73 St # 3 Enter Florida street address
	Miani Beach Florida 33141

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	Channy Drizin	447 Chair St Buy N	} □Add
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Filing Fee: \$25.00