

L97000 000 798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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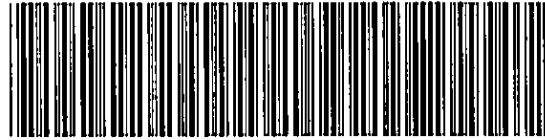
(Business Entity Name)

(Document Number)

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2019 OCT 21 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SULKER
NOV 06 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PARKELLIS, 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:

CAROL PEROS

Name of Person

PARKELLIS, LLC.

Firm/Company

5075 PARK BLVD

Address

PINELLAS PARK, FL 33781

City/State and Zip Code

flowers.pr39@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROL PEROS

703 203-6980
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PARKELLIS, LLC.

(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 07/25/1997 and assigned Florida document number L9700000798.

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:

5075 PARK BLVD

(Principal office address MUST BE A STREET ADDRESS)

PINELLAS PARK, FL 33781

Enter new mailing address, if applicable:

PO BOX 457

(Mailing address MAY BE A POST OFFICE BOX)

PINELLAS PARK, FL 33780

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:

CAROL PEROS

New Registered Office Address:

5075 PARK BLVD

Enter Florida street address

PINELLAS PARK

Florida 33781

City

Zip 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	CAROL PEROS	5075 PARK BLVD	<input type="checkbox"/> Add
		PINELLAS PARK, FL 33781	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	MICHAEL PEROS	5075 PARK BLVD	<input type="checkbox"/> Add
		PINELLAS PARK, FL 33781	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated OCTOBER 16, 2019

Carol Rivers

Signature of a member or authorized representative of a member

CAROL PEROS

Typed or printed name of signee