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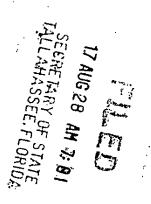
| (Requestor's Name) | | | | |
|-----------------------------------------|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| ГО: | Registration Section 'Division of Corporations | | |
|----------|-------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| SUBJE | CT: PARKS & CRUMP LLC | | |
| а | Name of Lin | nited Liability Company | |
| | • | | |
| The end | closed Articles of Amendment and fee(s) are sub | omitted for filing. | |
| Please t | eturn all correspondence concerning this matter | to the following: | |
| | | DARYL PARKS | |
| | | Name of Person | |
| | | | |
| | | Firm/Company | |
| | 24 | 0 N. MAGNOLIA DRIVE | |
| | | Address | |
| | TALL | AHASSEE, FLORIDA 32301 City/State and Zip Code | |
| | | | |
| | E-mail address: | JOHNPHOLDER1@G: (to be used for future annual report notifi | |
| For fur | ther information concerning this matter, please of | • | |
| | JOHN P HOLDER | at (561) _562-5 | 179 |
| | Name of Person | - · · · · · · · · · · · · · · · · · · · | Telephone Number |
| Enclose | ed is a check for the following amount: | | |
| □ \$2± | 5.00 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 ADDRESS:

TO:

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

PARKS & CRUMP 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 October 17, 1997 on and assigned | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| Florida document number <u>L9000001159</u> . | | | | | |
| 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) | | | | | |
| | | | | | |
| 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 | | | | | |

New Registered Agent's Signature, if changing Registered Agent:

, Florida .

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

Page 1 of 3

If amending A'uthorized 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 | | | |
| <u>MGRM</u> | BENJAMIN CRUMP | 240 NORTH MAGNOLIA DRIVE TALLAHASSE, FLORIDA 32301 | Add | | | |
| Remove | | | | | | |
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Page 2 of 3

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| MATERIAL VIII. | | ******* | | | |
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| E. Ef (If a (3)(b) the | fective date, if other than the date of filing: on effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records. | after filing | g.) Pursu te will r | ant to 605 not be list | .0207 ed as |
| | record specifies a delayed effective date, but not an effective time, at 12:01 and the control of the record is filed. | ı.m. on | the ea | arlier of | : (b) |
| | | | | | |
| Da | nted | . 5 | , | | |
| | Dan | TLAH FERR | 17 AU | # mysec | |
| | Signature of a member or authorized representative of a member | ASSE | 828 | - F | : |
| | DARYL PARKS | E 0: | K | FF | |
| | Typed or printed name of signee | E OR | क्रम देन | | |

Page 3 of 3 Filing Fee: \$25.00