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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: COUN	TY PARKING I	ENFORCEMENT COL	RP
DOCUMENT NUMBER: P190000325			
The enclosed Articles of Amendment an		ted for filing.	
Please return all correspondence concern	ing this matter t	o the following:	
LUIS CUBAS CA	ABALLERO		
	<u> </u>	lame of Contact Person	1
COUNTY PARK	ING ENFORCE	MENT CORP	
		Firm/ Company	_
16058 SW 85 ST			
		Address	
MIAMI, FL 3319	3		
	C	ity/ State and Zip Cod	2
COUNTYPARKINGEN	NFORCEMENT	@GMAIL.COM	
E-mail addre	ss: (to be used f	or future annual report	notification)
For further information concerning this r	natter, please ca	II:	
LUIS CUBAS CABALLERO		at (746-8398
Name of Contact Person	-	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following am	ount made paya	ble to the Florida Depa	artment of State:
S35 Filing Fee S43.75 Fili Certificate	of Status (\$43.75 Filing Fee & Certified Copy Additional copy is enclosed)	☐352.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

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(<u>Name</u>	of Corporation as curren	tly filed with the Florida Dept.	of State)
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation add	opts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp." "Inc." or	"Co". A professional corporat	
B. Enter new principal office address,	if applicables	16058 SW 85 ST	
(Principal office address <u>MUST BE A S</u>		MIAMI, FL 33193	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		16058 SW 85 ST	
		MIAMI, FL 33193	ACRE JUL 15
D. If amending the registered agent ar new registered agent and/or the ne			ec to fire
Name of New Registered Agent	LUIS CUBAS CABALI	ERO	(高 6
	16058 SW 85 ST		
	(Florida s	street address)	
New Registered Office Address:	MIAMI		33193 Florida
reserved and the office finds con-		(City)	(Zip Code)

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

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Mike Jones, V as Kemove Example:	, and Sal	tty Smith, .	SV as an Add.	
X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones	
_X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change	GM		RAMOS, DANIEL L	13314 SW 208 ST
Add				MIAMI, FL 33177
X Remove				
2) Change	GM		LUIS CUBAS CABALLERO	16058 SW 85 ST
X Add				MIAMI, FL 33193
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
6) Change				
Add				
Remove				

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				<u>-</u>
-		-		
		···· ·		
an amendment provides for an provisions for implementing the	exchange, reclassi	ication, or cance	lation of issued st	iares,
if not applicable, indicate N/.	//)	contained in the a	menument usen.	
(i) not applicable, indicate in	<i>A j</i>			
			<u> </u>	

The date of each amendment(s) adoption:	, if other than t
6/27/2019	
Effective date if applicable:	
(no more than 90 days after amendment file date	?)
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.	its, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the am by the shareholders was/were sufficient for approval.	endment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	ng statement nt(s):
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and saction was not required.	shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and share action was not required.	holder
Dated	
Signature	
(By a director, president of other officer - if directors or officers have	not been
selected, by an incorporator – if in the hands of a receiver, trustee, or cappointed fiduciary by that fiduciary)	other court
Luss Cubas Caballero	
(Typed or printed name of person signing)	<u> </u>
(1) per or printed name or person digning)	
(Title of person signing)	