

LD60000107028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

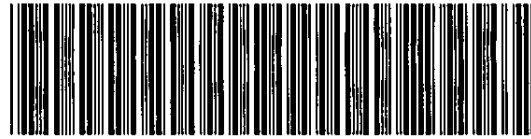
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600252909866

600252909866
11/04/13--01032--009 **25.00

FILED
2013 NOV -4 PM 1:23
CLERK OF THE COURT
TALLAHASSEE, FLORIDA

NOV 05 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Madeira Unit 203 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:

S. Louis Rathje

Name of Person

Firm/Company

300 E. Roosevelt Road, Ste 210

Address

Wheaton, IL 60187

City/State and Zip Code

jenny@rtjohnson.net

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

For further information concerning this matter, please call:

S. Louis Rathje

Name of Person

at **630 221-0065**

Area Code & Daytime Telephone Number

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2013 NOV -4 PM 1:23

FILED

Enclosed is a check for the following amount:

- \$25.00 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:
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**

Madeira Unit 203 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 11/03/2006 and assigned Florida document number L06000107028.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Madeira Unit 203 LLC

The new name must be distinguishable and end with 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)

300 East Roosevelt Road
Suite 210
Wheaton, IL 60187

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

300 East Roosevelt Road
Suite 210
Wheaton, IL 60187

FILED
2006 NOV -4 PM 1:23
CLERK OF STATE
TALLAHASSEE FLORIDA

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

_____, Florida _____
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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

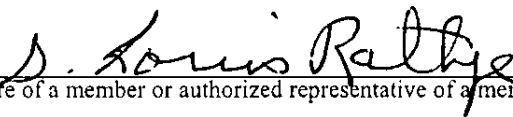
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

FILED
 2018 NOV 4 PM 1:23
 CLERK OF STATE
 PALM BEACH COUNTY, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated October 29, 2013



Signature of a member or authorized representative of a member

S. Louis Rathje

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 NOV -4 PM 1:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA