

Division of Corporations

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UAD00139398

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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From: Account Name : C T CORPORATION SYSTEM  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MILLS PARK APARTMENTS, LLC

Certificate of Status	0
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MAR 09 2015

S. YOUNG

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Help

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MILLS PARK APARTMENTS, 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:

Maureen A. Drews  
Name of Person  
Holland & Knight LLP  
Firm/Company  
131 S. Dearborn Street, 30th Floor  
Address  
Chicago IL 60603  
City/State and Zip Code  
maureen.drews@hklaw.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA  
STATE

For further information concerning this matter, please call:

Maureen A. Drews at 312 715-5737  
Name of Person Area Code Daytime Telephone Number

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

MILLS PARK APARTMENTS, 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 November 2, 2012 and assigned Florida document number L12000139388.

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 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)

191 N. Wacker Drive, Suite 2500  
Chicago IL 60606

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

191 N. Wacker Drive, Suite 2500  
Chicago IL 60606

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: C T Corporation System

New Registered Office Address: 1200 South Pine Island Road  
Enter Florida street address

Plantation, Florida 33324  
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.*

B. Baker  
If Changing Registered Agent, Signature of New Registered Agent

**Bernadette Baker**  
Assistant Secretary

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	DeBartolo Development	15436 N. Florida Ave., Ste. 200	<input type="checkbox"/> Add
	LLC	Tampa FL 33613	<input checked="" type="checkbox"/> Remove
MGR	Jennifer Boss	191 N. Wacker Drive, Suite 2500	<input checked="" type="checkbox"/> Add
		Chicago IL 60606	<input type="checkbox"/> Remove
MGR	Melanie Varrato	191 N. Wacker Drive, Suite 2500	<input checked="" type="checkbox"/> Add
		Chicago IL 60606	<input type="checkbox"/> Remove
MGR	Thomas P. Kelly	191 N. Wacker Drive, Suite 2500	<input checked="" type="checkbox"/> Add
		Chicago IL 60606	<input type="checkbox"/> Remove
MGR	Lauren D. Hogan	191 N. Wacker Drive, Suite 2500	<input checked="" type="checkbox"/> Add
		Chicago IL 60606	<input type="checkbox"/> Remove
MGR	Howard J. Edelman	191 N. Wacker Drive, Suite 2500	<input checked="" type="checkbox"/> Add
		Chicago IL 60606	<input type="checkbox"/> Remove

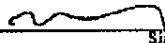
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 5 2015

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Thomas P. Kelly, MGR  
\_\_\_\_\_  
Typed or printed name of signer

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TALLAHASSEE, FLORIDA  
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