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(Cit	y/State/Zip/Phone	e #)
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2016 FEB -2 P 4: 414
SECREJARY OF STATE

FEB 0 3 2016

COVER LETTER

TO: Registration Se Division of Cor				
THE				
SUBJECT: MGYAV	nd Unit 36	39 LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Karolus	Sweld, Name of Person		
•		Firm/Company		
	155 N. HA	RBOR DRIVE #5	7411	
		Address		
	Chicago.	TL 60601 City/State and Zip Code		
	Smeidak (to be used for future annual report notific	n.com	
	E-mail address: (to be used for future annual report notific	cation)	
For further information c	oncerning this matter, please ca	all:	8 FEB Cae d Caha	T
Karolus 6	meida	at (312) 371	- 7088E -	9
Name o	f Person)	Area Code Daytime	Telephone Number	
Enclosed is a check for th	ne following amount:		INTE UL	
\$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:

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

THE GRAND UN	IT 3639 LLC.
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Ciability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 15 0 0 00 2835</u> . 7	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	Chicago, FL bobos
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	155 N. HARBOR DRIVE 541 Chicago , IL 60601
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	201 TALA
New Registered Office Address:	Enter Florida street address
New Registered Agent's Signature, if changing Registered Agent:	· • • • • • • • • • • • • • • • • • • •
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	

If Changing Registered Agent, Signature of New Registered Agent

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.

CHICA GO TL 60601 TOP; KAPOLUS SMEJDA Same address as above tive date, if other than the date of filing: (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing). Pursuamto 605 000 If the date inserted in this block does not meet the applicable statutory filing requirements, this date must be specific and cannot be prior to date of filing or more than 90 days after filing). Pursuamto 605 000 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed an nearly seffective date on the Department of State's records.	S
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1 1/28/2016,	
Garalus Va ita Carel	
Signature of a member or authorized representative of a member	
Elizabery Koviation Smaid	

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Filing Fee: \$25.00