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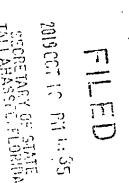
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COVER LETTER

TO:	Registration Secti- Division of Corpo			
SUBJ	ECT:	319 S Name of Limite	ad Liability Company	et LLC
The er	nclosed Articles of An	nendment and fee(s) are subm	itted for filing.	
Please	return all correspond	ence concerning this matter to	the following:	
		A,	1 SW 3rd of Firm/Company	rategui
		31	9 SW 3rd of Firm/Company	Street UC
		3:	33 Harison	 _
			City/State and Zip Code Hong Code be used for future annual report notific	<u> 40304</u>
		E-mail address: (to	Hon 19 Cdog be used for fluire annual report notifi	roup.com
For fu		erning this matter, please call		
	Sophia Name of Po	Amunalegu	i at 312 342 Area Code Daytime	-5130 Telephone Number
Enclos	sed is a check for the f	following amount:		
S 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:

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

319 SW 3rd Street, (LC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
he Articles of Organization for this Limited Liability Company were filed on
his amendment is submitted to amend the following:
. If amending name, enter the new name of the limited liability company here:
ne new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable: 2
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) Oak Park, Illinois: 6050
i. If amending the registered agent and/or registered office address on our records, enter the name of the new egistered agent and/or the new registered office address here:
Name of New Registered Agent: Corporation Service Company New Registered Office Address: 1201 Hays Street Enter Florida street address
Tallahassee Florida 3230/

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.

Lynn Cannelongo, Assistant VP

Granging Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

<u>Title</u>	Name	Address	Type of Action
			□ Remove
			Change
			□ Remove
			Change
			Remove
			Change
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ote:	we date, if other than the date of filing:	3)(b) he
	to the second of	
e red The	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.	
ated	Oct 4 2019	

Page 3 of 3

Filing Fee: \$25.00