

L21 000222620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

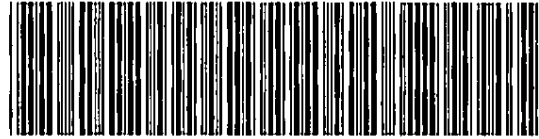
(Business Entity Name)

(Document Number)

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FILED
2022 FEB 14 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER
FEB 24 2022

TO: Registration Section
Division of Corporations

SUBJECT: 401 CAICOS DR. INVESTMENT, 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:

Michael Goldman
Name of Person
N/A
Firm/Company
1106 Canfield Rd.
Address
Park Ridge, IL 60068
City/State and Zip Code
Goldman.M@Comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Goldman at (773) 259-7686
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO
ARTICLES OF ORGANIZATION
OF

FILED

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

2022 FEB 14 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 5/13/2022

and assigned

Florida document number L21000222620

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 contain 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)

1106 Canfield Rd.
Park Ridge, IL 60068

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1106 Canfield Rd
Park Ridge, IL 60068

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:

Michael Goldman

New Registered Office Address:

401 Caicos dr

Enter Florida street address

Punta Gorda Florida 33950

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.



If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>MCCABE, Daniel</u>	<u>13701 W Jewell ave</u>	<input type="checkbox"/> Add
		<u>STE 200-28 LAKEWOOD,</u>	<input checked="" type="checkbox"/> Remove
		<u>Co. 80228</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>MCCABE, Andrew</u>	<u>13701 W Jewell ave</u>	<input type="checkbox"/> Add
		<u>STE 200-28 LAKEWOOD,</u>	<input checked="" type="checkbox"/> Remove
		<u>Co. 80228</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Goldman, Michael</u>	<u>1106 Canfield Rd</u>	<input checked="" type="checkbox"/> Add
		<u>Park Ridge, IL</u>	<input type="checkbox"/> Remove
		<u>60068</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Ochsenteiter,</u>	<u>1106 Canfield Rd</u>	<input checked="" type="checkbox"/> Add
	<u>Jennifer</u>	<u>Park Ridge, IL</u>	<input type="checkbox"/> Remove
		<u>60068</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 2/7/22, 2022

Handwritten signature of a member or authorized representative of a member.

Signature of a member or authorized representative of a member

Michael I. Goldman

Typed or printed name of signee