

# L220000453509

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

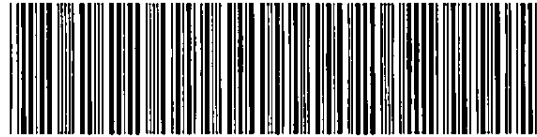
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Additional Instructions to Filing Officer:

Office Use Only



300398468423

FILED  
2023 JAN 17 AM 11:26  
TALLAHASSEE, FLORIDA

RECEIVED  
2023 JAN 17 AM 11:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 01/17/2023

Name: Merritt Walker

Reference #: 1884217

Entity Name: 1035 9TH 1044 PENN NPV LLC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other CERTIFICATE OF STATUS UPON FILING

Authorized Amount: \$30

Signature: mw

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1035 9th 1044 Penn NPV 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:

Chad M. Poznansky

\_\_\_\_\_  
Name of Person

Clark Hill PLC

\_\_\_\_\_  
Firm/Company

130 E. Randolph Street, Suite 3900

\_\_\_\_\_  
Address

Chicago, IL 60601

\_\_\_\_\_  
City/State and Zip Code

cpoznansky@clarkhill.com

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

For further information concerning this matter, please call:

Filippo Leone

312 985-5549  
at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

**2023 JAN 17 AM 11:27**

1035 9th 1044 Penn NPV 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 October 21, 2022 and assigned  
Florida document number L22000453509.

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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

111 SW 29th Rd.

*Enter Florida street address*

Miami

*City*

Florida 33129

*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.*

*Robert Sekula*

**If Changing Registered Agent, Signature of New Registered Agent**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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          | North Park Ventures Florida LLC | 1628 N. Wells, Unit 1 | <input type="checkbox"/> Add               |
|              |                                 | Chicago, IL 60601     | <input checked="" type="checkbox"/> Remove |
|              |                                 |                       | <input type="checkbox"/> Change            |
| MGR          | NPV Manager Florida LLC         | 1628 N. Wells, Unit 1 | <input checked="" type="checkbox"/> Add    |
|              |                                 | Chicago, IL 60601     | <input type="checkbox"/> Remove            |
|              |                                 |                       | <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            |
|              |                                 |                       | <input type="checkbox"/> Add               |
|              |                                 |                       | <input type="checkbox"/> Remove            |
|              |                                 |                       | <input type="checkbox"/> Change            |
|              |                                 |                       | <input type="checkbox"/> Add               |
|              |                                 |                       | <input type="checkbox"/> Remove            |
|              |                                 |                       | <input type="checkbox"/> Change            |

2023 JAN 17 AM 11:27  
TALLAHASSEE FL

2023 JAN 17 AM 11:27  
TULLY HASSETT

(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)

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.

Robert Sekula  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**