L2200030948

	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
 	(Business Entity Name)
	(Document Number)
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1/26/2023



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

Account#: I20000000088

Date:	01/25/2023				
Name:	~! • • • • • •	_			
Reference	# 1888103	<u> </u>			
Entity Name	e: NORTH PARK VE	NTURES FLORIDA LLC			
☐ Artic	eles of Incorporation/Authorization	to Transact Business			
√ Ame	endment				
Cha	☐ Change of Agent				
Reinstatement					
☐ Conversion					
☐ Merç	ger				
Diss	olution/Withdrawal				
☐ Ficti	tious Name				
✓ Othe	erCERTIFIE	ED COPY UPON FILING			
Authorized Signature:	Amount: \$55.00				

F: 800.944.6607

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2023 JAN 25 AM 10: 11

North Park Ventures Florida LLC

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

TALLATIASSEF, FI

01/27/2022 The Articles of Organization for this Limited Liability Company were filed on November 27, 2022 and assigned Florida document number L22000030948 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." 1628 N. Wells Street, Unit 1 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Chicago, Illinois 60614 1628 N. Wells Street, Unit 1 Enter new mailing address, if applicable: Chicago, Illinois 60614 (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: 111 SW 29th Rd. New Registered Office Address: Enter Florida street address , Florida 33129
Zip Code Miami City

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>	Name	Address	Type of Action
MGR	Kirill Solomakha	1628 N. Wells, Unit I	■Add
		Chicago, IL 60614	□Remove
			□Change
			□Add
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			Change
			□Remove
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дшеш	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ffactiv	e date, if other than the date of filing: (optional)
an effect ote: If	tive 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
is filed	
ated _	1-23 Robert Sekula Signature of a member or authorized representative of a member
	Robert Sekula
	Signature of a member or authorized representative of a member
	Robert Sekula, as manager

Filing Fee: \$25.00