

# B21000000045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

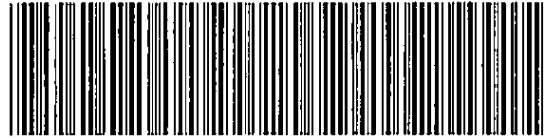
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900391875719

08/02/22--01014--021 \*\*113.75

**FILED**

2023 MAY 16 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE, FL

*Name Change*

MAY 16 2023

D CUSHING

FILED  
2023 MAY 16 PM 12:36  
CLERK OF DISTRICT COURT  
TULSA, OKLA.

**Mueller & Co., LLP**

B21000000045

PKF Munithor, LLP

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or L.L.L.P.

**Name:** \_\_\_\_\_ **Business Address:** \_\_\_\_\_

	<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
	<input type="checkbox"/> Add
	<input type="checkbox"/> Remove
	<input type="checkbox"/> Change

6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

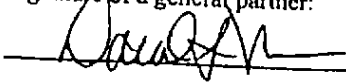
- ☐ The entity elects to be a limited liability limited partnership.
- ☐ The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

10. Effective date, if other than the date of filing: July 1, 2022 (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.)

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.

Signature of a general partner:



Typed or printed name:

David J Nissen

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75

FORM **UPA-Amendment**  
**(1001(h)/1102(g))**

December 2020

Secretary of State  
Department of Business Services  
Limited Liability Division  
501 S. Second St., Rm. 357  
Springfield, IL 62756  
217-524-8008  
www.cyberdriveillinois.com

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void.

Illinois  
Uniform Partnership Act  
Statement of Amendment

**SUBMIT IN DUPLICATE**

Type or Print Clearly.

Filing Fee: \$25

Approved: 

FILE #: 000418

This space for use by Secretary of State.

**FILED**

FEB 14 2022

JESE WHITE  
SECRETARY OF STATE

Federal Employer Identification Number (FEIN): \_\_\_\_\_

1. Partnership Name: MUELLER & CO., LLP

2. State of Jurisdiction: ILLINOIS

3. The Statement of Qualification is amended as follows: (Check all applicable changes and specify them in item 4 below.) (For address changes – P.O. Box alone is unacceptable.)

- ☐ a) Change of registered agent and/or registered agent's office (give new name/address in item 4a). Must be an Illinois resident/company.
- ☐ b) Change in address of chief executive office (give new address in item 4b).
- ☐ c) Change in number of partners (give change of number of partners in item 4c).
- ☒ d) Change in Limited Liability Partnership name (give name change in item 4d). (Certified copy of Amendment From Domicile State required.)
- ☐ e) Other.

4. List all changes from item 3.

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) PKF MUELLER, LLP
- e) \_\_\_\_\_

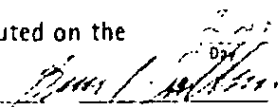
5. Effective date of this amendment:

☒ Upon filing by the Secretary of State

☐ Deferred effective date (not to exceed 30 days after the file date): \_\_\_\_\_  
Month, Day, Year

6. The undersigned declares, under the penalty of perjury, under the laws of the State of Illinois, that the foregoing is true, correct and complete.

Executed on the \_\_\_\_\_ of FEBRUARY, 2022 by a partner.

  
Signature

Brian P. Sullivan, Partner  
Name (type or print)

1707 N. RANDALL RD., STE 200  
Street Address

ELGIN, IL 60123

City, State, ZIP

\_\_\_\_\_  
Name is a Corporation or other Entity

File Number

000-418



*To all to whom these Presents Shall Come, Greeting:*

*I, Alexi Giannoulis, Secretary of State of the State of Illinois, do hereby certify that*

PKF MUELLER, LLP, HAVING FILED A STATEMENT OF QUALIFICATION IN THE STATE OF ILLINOIS ON JUNE 15, 1999, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM PARTNERSHIP ACT (1997) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY PARTNERSHIP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT.



*In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 9TH day of FEBRUARY A.D. 2023*

Authentication #: 2304004238

Authenticate at: <https://www.isos.gov>

*Alexi Giannoulis*

SECRETARY OF STATE