

B21000000045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

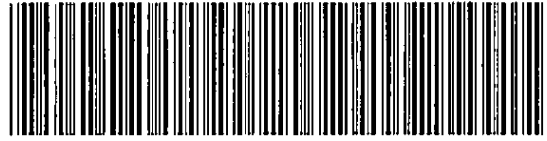
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 MAY 16 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Name Change

MAY 16 2023

D CUSHING

**AMENDMENT TO CERTIFICATE OF AUTHORITY
FOR
FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

FILED
 2023 MAY 16 PM 12:36
 SECRETARY OF STATE
 TALLAHASSEE, FL

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:

Mueller & Co., LLLP

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership:

BZ1000000045

3. The jurisdiction of its formation is: Illinois

3. The date the entity was authorized to transact business in Florida is: January 28, 2021

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

PKF Mueller, LLLP

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

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

(If name unavailable in Florida, enter alternate name adopted for the purpose of transacting business in Florida.)

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:

Business Address:

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

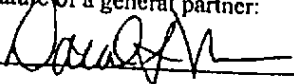
- The entity elects to be a limited liability limited partnership.
- The entity is no longer a limited liability limited partnership.

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

JESSE 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.

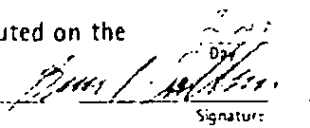
- a) _____
- b) _____
- c) _____
- d) PKF MUELLER, LLP
- e) _____

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 if a Corporation or other Entity



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

Alexi Giannoulis

SECRETARY OF STATE