

104000079388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

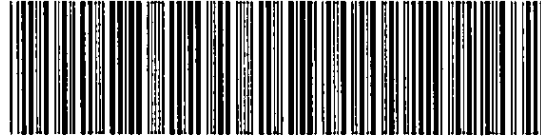
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FEB 24 2017

D SCOTT
OCT 24 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 28, 2017

STEPHEN J SLABER
2 N LASALLE STR., STE 2300
CHICAGO, IL 60602-3975

SUBJECT: CLAYTON LAND LLC
Ref. Number: L04000079388

We have received your document for CLAYTON LAND LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LLC, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijaux
Regulatory Specialist

*Sec
Attached*

Letter Number: 017A00019676

2017 OCT 24 AM 11:55

10/24/2017 11:55 AM

2017 OCT 24 AM 11:55

2017 OCT 24 AM 11:55

2017 OCT 24 AM 11:55

COVER LETTER

**TO: Registration Section
Division of Corporations**

Clayton Land LLC

SUBJECT: _____
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:

Stephen J. Slaber

Name of Person

SLB Associates LLC

Firm/Company

2 N. LaSalle Str., Ste. 2300

Address

Chicago, IL 60602-3975

City/State and Zip Code

steve@sbaskin.com

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

For further information concerning this matter, please call:

Stephen J. Slaber

312 345-3240

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee
(\$25 previous submitted)

☐ \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Clayton Land 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 11/2/04 and assigned
Florida document number L04000079388.

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:

Enter Florida street address.

Florida

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

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.	Sheldon L. Baskin	2 N. LaSalle Str., Ste. 2300	<input type="checkbox"/> Add
		Chicago, IL 60602-3975	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr.	Judy Wise	2 N. LaSalle Str., Ste. 2300	<input checked="" type="checkbox"/> Add
		Chicago, IL 60602-3975	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr.	Randall E. Server	2 N. LaSalle Str., Ste. 2300	<input checked="" type="checkbox"/> Add
		Chicago, IL 60602-3975	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

