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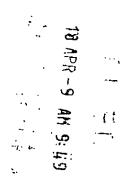
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COVER LETTER .

Division of Co	rporations		
CHELOW	Holly H	Hill Plaza LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Stephen J. Slaber		
	 	Name of Person	
	SLB Associates LLC		
		Firm/Company	
	2 N LaSalle Street, Ste. 23	300	
		Address	
	Chicago, IL 60602		
	steve@sbaskin.com	City/State and Zip Code	
	-	to be used for future annual report notifi	ication)
For further information o	oncerning this matter, please c	all:	
Stephen J. Slaber		312 345-3240	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$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)
MAII	INC ADDRES	STD PPT/CAUDIE	CD INDRESS.

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

	Holly Hill Plaza LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears da Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	October 17, 2005	and assigned
Florida document numberL05000102057	<u></u> .		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lin</u>	nited liability company he	<u>re</u> :	
he new name must be distinguishable and contain the words "Lir	nited Liability Company," the de	signation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
			Gø.
			APR
3. If amending the registered agent and/or regi	stered office address on	our records, enter	the name of the ne
egistered agent and/or the new registered office ado	<u>iress here</u> :		>> ;
			A
Name of New Registered Agent:			<u> </u>
New Registered Office Address:			<u> </u>
	Enter Flori	da 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>	Type of Action
Mgr.	Sheldon L Baskin	2 North LaSalle Street, Ste. 2300	
		Chicago, IL 60602-3975	Remove
			Change
Mgr	Judy Wise	2 North LaSalle Street, Ste. 2300	
		Chicago, IL 60602-3975	Remove
			Change
			□ Remove
			Change
		.	Add Add Remove
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			Change
			Add
			Remove
		<u></u>	Change

Address change for	or Mgr. Randall E. S	Server:					
30 N. LaSsalle Str	reet, Ste. 2736		_				
Chicago, IL 6060	2						
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fective date, if other an effective date is listed, ote: If the date inserte ocument's effective date record specifies at the 90th day afte	the date must be specified in this block does to the Department and delayed effection	ic and cannot be prior to not meet the applica t of State's records. ve date, but not	ble statutory	filing requirem	(optional) days after filing ents, this date) .) Pursua : will no	ant to 60 of be lis
	The record is in	ieu.					
nted		Rondall					
	ı	Rondall	ξ,	Lew-			
	Signature	of a member or author	ized represer	tative of a membe	r		

Page 3 of 3

Filing Fee: \$25.00