

## Florida Department of State Division of Corporations Public Access System

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Account Number : 076117000420

: (561)650-0728

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SRD CHICAGOLAND, LLC

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## **COVER LETTER**

TO: Registration Section Division of Corporations SUBJECT: SRD Chicagoland, LLC (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: William J. Hyland, Esq. (Name of Person) GUNSTER, YOAKLEY & STEWART, P.A. (Pirm/Company) 777 South Flagler Drive, Suite 500 East (Address) West Palm Beach, FL 33401 (City/State and Zip Code) For further information concerning this matter, please call: Mary E. Cramer-Scharlatt 561 ) 650-0728 (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount:

S25.00 Filing Fee

©\$30.00 Filing Fee & Certificate of Status

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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 Tallahasses, FL 32301

<b>@</b> 003/004	
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SRD Chicagoland, LLC				
(Name of the Limited Liability Con	npany as it now an ed Liability Compar	ears on our reco	rds.)	<del>,</del>
(11.1.101100 Emilio	od Diegnity Compa	137		
The Articles of Organization for this Limited Liability Comp	any were filed on	May 8, 2007		and assigned
Florida document number L07000048803				
. ,				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	iability company	<u>here</u> :		
N/A			ZA.	
The new name must be distinguishable and end with the words "I"L.L.C."	imited Liability Co	mpany," the design	nation ELC	"or the abbreviation
Enter new principal offices address, if applicable:	N/A		ASS	Z decine
(Principal office address MUST BE A STREET ADDRESS	<u></u>		<u> </u>	
			F S	$\triangleright$
			DATE	٠
Enter new mailing address, if applicable:	N/A		DE	42
(Mailing address MAY BE A POST OFFICE BOX)			1/	
1013-1013				
			_ <del>_</del>	
B. If amending the registered agent and/or registered	office address o	our records,	enter the	name of the ne
registered agent and/or the new registered office address				
Name of New Registered Agent: N/A			<u> </u>	
New Registered Office Address:				
1511 1(4) 1000 50 C C C C C C C C C C C C C C C C C	(Enter Florida street address)			
		ITi.	rida	
<del> </del>	(City)	, r io		Zip Code)
New Registered Agent's Signature, if changing Registered Age	• • •		,	• "

(If Changing Registered Agent, Signature of New 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 608, 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.

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title	<u>Name</u>	Address	Type of Action			
MGR	Drew M. Barkett	1001 North U.S. Highway One, Suite 402 Jupiter, Ft. 33477	Add Remove			
MGRM_	Drew M. Barket	1001 North U.S. Highway One, Suite 402 Juniter, FL 33477	Add 7 Remove			
MGRM_	John Aiello	1001 North U.S. Highway One, Suite 402 Jupiter, FL 33477	Add Remove			
· ·	<del></del>		Add Remove			
,			Add Remove			
			Add Remove			
D. If amen	ding any other information, ent	er change(s) here: (Attach additional sheets, if nepotsary,	<b>=</b> 7			
·		SSET DE S	ے ح			
Dated June	12th	, 2008				
		nd, Est. Authorized Representative Typed or printed name of signee				
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Filing Fee: \$25.00