

L0800006F95C

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

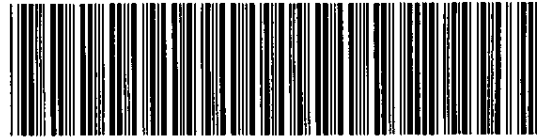
(Business Entity Name)

(Document Number)

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

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RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE REGISTRATION  
15 FEB -2 PM 4:31  
NOT INTENDED  
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SUFFICIENCY OF FILING

FILED  
15 FEB -2 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 FEB 03 2015

ACCOUNT NO. : I20000000195

REFERENCE : 486726 7175508

AUTHORIZATION

COST LIMIT : \$ 60.00

ORDER DATE : February 2, 2015

ORDER TIME : 3:24 PM

ORDER NO. : 486726-035

CUSTOMER NO: 7175508

DOMESTIC AMENDMENT FILING

NAME: NORMANDY MHC, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stephanie Milnes -- EXT# 62920

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
15 FEB - 2 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

NORMANDY MHC, 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 JULY 17, 2008 and assigned  
Florida document number L08000068950

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

DH LFWP, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

8800 N. BRONX, 2ND FLOOR

(Principal office address MUST BE A STREET ADDRESS)

SKOKIE, IL 60077

Enter new mailing address, if applicable:

8800 N. BRONX, 2ND FLOOR

(Mailing address MAY BE A POST OFFICE BOX)

SKOKIE, IL 60077

**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

City, Florida

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TALLAHASSEE, FLORIDA

**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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Normandy Manager, LLC	8800 N. Bronx, 2nd Floor	<input type="checkbox"/> Add
		Skokie, IL 60077	<input checked="" type="checkbox"/> Remove
MGR	LFWP Manager, LLC	8800 N. Bronx, 2nd Floor	<input checked="" type="checkbox"/> Add
		Skokie, IL 60077	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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\*LFWP Manager, LLC is the same legal entity as Normandy Manager, LLC. Change reported is due to a name change for the Manager.

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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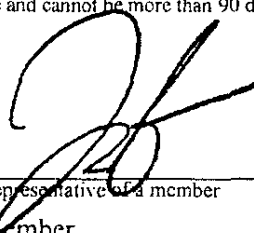
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 2, 2015



Signature of a member or authorized representative of a member

Joseph I. Wolf, Authorized Representative of a Member

Typed or printed name of signer

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