L10000070721

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J. BRYAN

JUL 27 2010

EXAMINER

COVER LETTER

то:	Registration S Division of Co				
SUBJE	CT:	MARLAC, LLC Name of Lim	ited Liability Company		
The encl	osed Articles o	f Amendment and fee(s) are sul	bmitted for filing.		
Please re	eturn all corresp	oondence concerning this matter	r to the following:		
		Elea	nor W. Taft, Esquire		
			Name of Person		
Ele		Elea	nor W. Taft, P.A.		
			Firm/Company		器。九
		2647	Professional Circle, Su	ite 1203	FILE PM 12: 30 10 JUL 26 PM 12: 30 SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE
		Napl	es. FL 34119 City/State and Zip Code		PA 12: 30 SEE. FLOR
eta		etaf	t@taftlawnaples.com		A DE CO
			to be used for future annual report notifica	tion)	U
For furth	er information	concerning this matter, please c	all:		
E1	eanor W. 7	Taft, Esquire	at (239) 249-6323		
Name of Person			Area Code & Daytime T	elephone Number	- ,
Enclosed	is a check for t	he following amount:			
\$25.0	0 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &
	MAIL	ING ADDRESS:	STREET/COURIER	R ADDRESS:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARLAC, LLC	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company	were filed onJuly 06, 2010 and assigned
Florida document number <u>L10000070721</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and end with the words "Limite"L.L.C."	ed Liability Company," the designation "LLC" or the abbreviatio
L.L.C.	50 5
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	SAR TO IT
	25397 North Northbridge For
Enter new mailing address, if applicable:	25397 North Northbridge
(Mailing address MAY BE A POST OFFICE BOX)	Hawthorne Woods, IL 60047
B. If amending the registered agent and/or registered offi	
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 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.

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		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		*	Add
		-	Remove
	-		lumi D
		**	
			Damassa.
			Add Remove
		W	
			Reference T
D. If amen	ding any other information, enter c	hange(s) here: (Attach additional she	THE TARY OF STATE HASSEE, FLORIDA
_			PH IZ
	- Marie - Communication - Marie - Mari		TATE ORIDA
******		**************************************	**
_		•	-
 Dated	July 23, 2010		
	Z	140A	
		ember or authorized representative of a m	ember
	Eleanor N.A	Taft (Esquire Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00