

L11000057297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

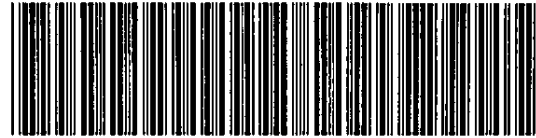
(Business Entity Name)

(Document Number)

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2016 SEP 14 P 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

SEP 15 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WINDY CITY DOCS HOLDINGS 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:

Michael M. Bajalia, Esq.
Name of Person

Bajalia Law Office, P.A.
Firm/Company

11512 Lake Mead Ave. # 301
Address

Jacksonville, FL 32256
City/State and Zip Code

mbajalia@bajaliawoffice.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael M. Bajalia at (904) 352-1121
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Windy City Docs Holdings 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 5/16/2011 and assigned Florida document number L11000057297

This amendment is submitted to amend the following:

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

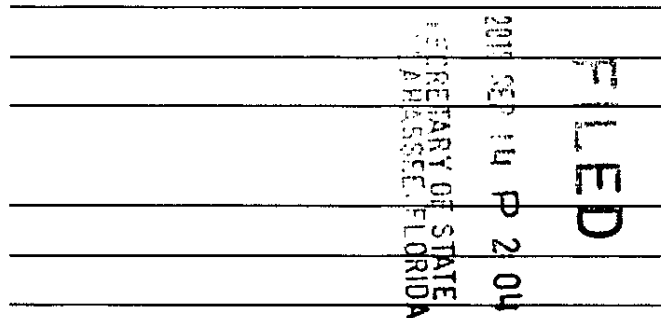
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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:

Bajalia Law Office, P.A.

New Registered Office Address:

11512 Lake Mead Ave. #301

Enter Florida street address

JACKSONVILLE

City

Florida 32254

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.

Stephen M. Ryan, Esq.

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

Title	Name	Address	Type of Action
MGR	DeLeon, Daniel D	1565 Misty Lake Dr. Fleming Island, FL 32003	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Kerwin, Andrew	7899 Turnstone Cir. W. Jacksonville, FL 32256	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Suk, Mike	1095 Limestoneville Rd. Milton, PA 17487	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Roth, Mark	5533 Tobeth Dr. New Port Richey, FL 34652	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	DeLeon, Efrain	1565 Misty Lake Dr. Fleming Island, FL 32003	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Chockley, Carol	1624 Chock Rd. Merrillville, IL 62668	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated Sept. 10 2016
Andrew J. Kerwin
 Signature of a member or authorized representative of a member
Andrew Kerwin, AMBR
 Typed or printed name of signee

Filing Fee: \$25.00

FILED
2019 SEP 14 P 2:04
CLERK OF THE COURT
TREASURY OF STATE
TALLAHASSEE, FLORIDA