## 112000152088

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(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## **COVER LETTER**

	ration Secon on of Corp		,		
U SUBJECT:	niversal Pa	rking of Illinois, LLC			
Name of Limited Liability Company					
The enclosed A	rticles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return al	l correspon	dence concerning this matter	to the following:		
		Bryan Geoffrey			
			Name of Person		
		Geoffrey Management, LL	С		
		<del></del>	Firm/Company		
		33493 W. 14 Mile Road Su	nite 100		
			Address		
		FARMINGTON HILLS, M	MI 48331		
		bmgeoffrey@yahoo.com	City/State and Zip Code		
			to be used for future annual report no	tification)	
For further info	rmation co	ncerning this matter, please ca	all:		
Bryan Geoffrey			at (248 865-	-2000 ext.170	
	Name of	Person	Area Code Dayti	me Telephone Number	
Enclosed is a cl	heck for the	e following amount:			
<b>ॼ</b> \$25.00 Filii	ng 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)	

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

Universal Parking of Illinois, LLC	
( <u>Name of the Limited Liability Company as it now ap</u> (A Florida Limited Liability Company)	pears on our records.) ny)
The Articles of Organization for this Limited Liability Company were filed on	12/5/2012 and assigned
Florida document number L12000152088	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	y here:
BMGDD of Illinois, LLC	
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 registered agent and/or the new registered office address here:	on our records, enter the name of the r
	78. <b>28</b>
Name of New Registered Agent:	To H
	AR ASS
New Registered Office Address:  Enter	Florida street address
	Florida TS P
City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	080 1000

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>	Address	Type of Action
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ote: If the date inserted in this	he date of filing:  must be specific and cannot be prior to date of filing or block does not meet the applicable statutory fil Department of State's records.	(optional) r more than 90 days after filing.) Pursuant to 605.0 ling requirements, this date will not be listed
record specifies a delay The 90th day after the r	ed effective date, but not an effective ecord is filed.	e time, at 12:01 a.m. on the earlier
ated March 5	, 2018	
BILL	Signature of a member or authorized representati	
	TAKEN TO SEE THE PROPERTY OF T	

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Filing Fee: \$25.00