L13000099016

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700289683227

16 SEP 19 AH 8: 23
SEUNCIALL OF STATE
ALLAHASSFF, FLORIOA

TO SEP TO THE DITE.

CHAN DIT

A. HARRIE

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 294950_ 7175508

AUTHORIZATION Symbolic

COST LIMIT : U\$\25.00

ORDER DATE: September 16, 2016

ORDER TIME : 10:07 AM

ORDER NO. : 294950-040

CUSTOMER NO: 7175508

DOMESTIC AMENDMENT FILING

NAME: L-5 INVESTMENTS V, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER'S INITIALS:

COVER LETTER

TO:		istration Secti sion of Corpo			·			
erno nez		L-5 INVEST	MENTS V, LLC					
SUBJE	CI:		Name of Limit	ed Liability Company	,	_		
The enc	losed	Articles of Ar	nendment and fee(s) are subm	nitted for filing.				
Please re	eturn	all correspond	ence concerning this matter to	o the following:				
			Lauren J. Wolven					
				Name of Person				
			Levenfeld Pearlstein, LLC					
								
			2 N. LaSalle St., Ste. 1300					
				Address	······································			
			Chicago, Illinois 60602					
City/State and Zip Code					· · · · · · · · · · · · · · · · · · ·			
	•		E-mail address: (to	be used for future annual r	eport notification)	_		
For furt	her in	formation con	cerning this matter, please cal	11:				
				•		•		
		Name of P	erson	at () Area Code	Daytime Telephone Nun	nber		
Enclose	d is a	check for the	following amount:					
\$25	.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certi osed) Certi	O Filing Fee, ficate of Status & fied Copy ional 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

L-5 INVESTMENTS V, LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	y Company were filed on July 12, 2013	and assigned
Florida document number L13000099016	<u></u> .	
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the l	imited liability company here:	•
		A SE S
The new name must be distinguishable and contain the words "l	Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		The meaning of the State
(Principal office address MUST BE A STREET AD	DRESS)	To the second
		The second second
		3: 23 IME DRID
Enter new mailing address, if applicable:		5ε ω Δ
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		enter the name of the new
	 	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	,
	, Flori	
·	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 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>	Name		Address	Type of Action
MGRM	LEONARD, ROBERT	_		🗆 Add
	•			■ Remove
	· .			Change
MGRM	LEONARD, ROSEMARY	_		Add
	•			■ Remove
				Change
MGR	THE L-5 GROUP LLC		20451 Cara Avenue Cassopolis, MI 49031	Add
				□ Remove
				□ Change
		-		□ Add
				☐ Remove
				☐ Change
		_		Add S Remove
				Thomas i
		-	CON ID	Add
				C Remove
				Change

•				· · ·		
			*			
				·		
		· 				
						_
	· .					
					,	
·		· · · · · · · · · · · · · · · · · · ·				
				· ·	·	
	·		·		·	
				······································		
					· · · · · · · · · · · · · · · · · · ·	
				<u> </u>	<u></u>	
fective date, if other than an effective date is listed, the date: If the date inserted in the cument's effective date on	te must be specific and his block does not r	d cannot be prior to da meet the applicable	te of filing or more t	option han 90 days after fil quirements, this d	ing.) Pursuant to	605.020 listed a
record specifies a de The 90th day after the			effective time	e, at 12:01 a.r	n. on the ea	arlier
•		_ • •			Ass -	d
ted August	31 .	, <u>2016</u> .				וב
ted August	31	, <u>2016</u> .			ECKED	2 2 2 3
ated August		, 2016.	d representative of a	member	EORE IN RY	SED = .

Page 3 of 3

Filing Fee: \$25.00