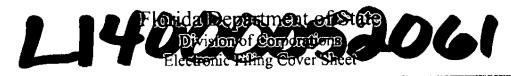
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (514)280-3338 Phone

: (954)208-0845 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. •

Email Address:		
EIIIAII MUULESS.		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SPARTON DELEON SPRINGS, LLC

Certificate of Status	0
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Help MAY 13 2020

Electronic Filing Menu Corporate Filing Menu

ARTICLES OF AMENDMENT TO TELL ARTICLES OF ORGANIZATION OF 2020 MAY 12 Pri 1:00

Sparton DeLoon Springs, LLC	. ,	N+ 4_
(Name of the Limite)	d Liability Company as it now appears on our reco A Florida Limited Liability Company)	rds,) .
The Articles of Organization for this Limited Lia	ability Company were filed on 03/28/2014	and assigned
Florida document number L14000052061	·	
his amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "Li	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	
(Principal office address MUST BE A STREET	T ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	BOX)	·
B. If amending the registered agent and/or reagent and/or the new registered office addres	egistered office address on our records, ent	er the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		,
	Enter Florida street add	ress

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

To: Page 4 of 5

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 2020 MAY 12 PH 1:00

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	William J. Toti	425 N. Martingale Road, Suite 1000	≘Add
		Schaumburg, IL 60173	□Remove
			Change
			🗀 Add
			□Remove
			Change
			□Add
			□Remove
			□Add
			Remove
			Change
			□Add
			Change
			□Add
			□Remove
		_	□Change

Page 2	2 of 3	
D. If amending any other information, enter change	e(s) here: (Attach additional shee	is, if necessary.) 12 PH 1: 00
•	* 1	*-;-
	······································	
		4
		
E. Effective date, if other than the date of filing: if an effective date is listed, the date must be specific and carmo Note: If the date inscrited in this block does not meet the document's effective date on the Department of State's	or be prior to date of filing or more than 90 he applicable statutory filing requires	(optional) Odays after filing.) Pursuant to 605.0207 (3)(be ments, this date will not be listed as the
If the record specifies a delayed effective date, (b) The 90th day after the record is filed.	but not an effective time, at	12:01 a.m. on the earlier of:
Dated May 8	20	
1///	9-1	
Signature of a menti	er transhorized representative of a mem	her
William J. Toti		
турс	nd or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00