L14000100385

(Requestor's Name)
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	ACCESS, INC.		th Avenue. Tallahassee, Florida 32303 ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666
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		PICK UP:	6-26-14
	CERTIFIE	ED COPY	
X	РНОТОС	OPY	
	cus		
Dr.	FILING	LLC	Amend
	(CORPORATE NA	Heits, LLC ME AND DOCUMENT #)	
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ECIAI	. INSTRUCTIO	NS:	

COVER LETTER

TO:	Reg Divi	istration Sec sion of Corp	tion orations		
SUBJ	ŒŒ.	NEW	HEITS, LLC		•
SUDJ	ECI:			ited Liability Company	
The e	nclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	e return	all correspon	dence concerning this matter	to the following:	
			_Linda	Wainwright Name of Person,	
			Taft Ste	Him/Company	ister UP
			111 E. Wac	Ker Drive, Suite	e2800
			Chicage Luainw E-mail address: (City/State and Zip Cople Vighte tact ke to be used for future annual report notified	37B
For fu	irpher in 	formation con	aihWright	at 3/2) 527-	4000 Telephone Number
Enclo	sed is a	check for the	following amount:		
X s≥	25,00 Fi	ling 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)

TO:

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

NEW HEITS, LLC					
(Name of the Lim	ited Liability Cor (A Florida Limit	npany as it now appears on ou ed Liability Company)	r records.)		~
The Articles of Organization for this Limited I Florida document number L14000100385	Liability Compa		,	and assigne	2014 JUN 26
This amendment is submitted to amend the fol	lowing:			RY O	
A. If amending name, enter the new name	of the limited li	ability company here:		FST.	AM 7:4
N/A			<u> </u>	22	
The new name must be distinguishable and end with the	words "Linsited I	iability Company," the designar	tion "LLC" or the ab	breviation 'L.C	
Enter new principal offices address, if appli	cable:	N/A			
(Principal office address MUST BE A STRE	ET ADDRESS)				
Enter new mailing address, if applicable:		N/A			
(Mailing address MAY BE A POST OFFICE	BOX)				
B. If amending the registered agent and registered agent and/or the new registered of			ecords, <u>enter t</u> l	ne name of the	<u>lie new</u>
Name of New Registered Agent:	N/A				
New Registered Office Address:					
		Enter Florida stree	t 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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Christopher P. Heitmann	207 E. Ohio Street, #4	433 _{■ Add}
		Chicago, IL 60611	□ Remove
AMBR	Christopher P. Heitmann		
			Remove
			□ Remove
			□ Remove
			2014 JUN 26 SECRETARY SECRETARY
			N 26 AH 7: 41 Remove

D.	D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
	Effective date, if other than the date of filing:			
	Dated June 25 , 2014			
	Kimelo Ulainuniaht			
	Linda Wainwright, Authorized Representative			
	Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00

2014 JUN 26 AH 7: 41
SECRETARY OF STATE