## L15000076068

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J. HARRIS

## **COVER LETTER**

Division of Corp	porations		
SUBJECT: MAR	Name of Limi	C LL C lited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subi	mitted for filing.	
Please return all correspor	idence concerning this matter t	to the following:	
	GINNY C	Name of Person	<del></del>
	M.oweso	Firm/Company	
	6701_W	J. 165 Th PLA Address	CE
		PARK ILL City/State and Zip Code	
	E-mail address: (i	120 a maile co o be used for fiture annual report noti	ication)
For further information co	ncerning this matter, please ca		
GLNNIT Sur	DYNOROSICIPerson	at ( <u>708</u> ) <u>609 - 3</u> Area Code Daytimo	3 % 2.8 : Telephone Number
Enclosed is a check for the	<del>-</del>		
\$25.00 Filing Fee	S30.00 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

TO:

Registration Section

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIDWEST AST (Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our record- dability Company)	<u></u> )
The Articles of Organization for this Limited Liability Company Florida document number <u>L 500076068</u> .	were filed on <u>4-29-1</u>	s and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6701 165Hh	PLACE
Principal office address MUST BE A STREET ADDRESS)	G701 165th TINLEY PARK	IL 60477
Enter new mailing address, if applicable:		·
Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		ro <u>-</u>
3. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	·····	
	Enter Florida street address	•
	, Flo	orida Zip Code
	City	хір Соаг

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 Title Name Address Type of Action JUSTIN VALENTINO 8105 VALLEY DRIVE DANG CEC PALOS HILLS IL 60465 X Remove \_\_\_\_\_ Change DAd □ \_\_\_\_ 🗀 Change □ Add ☐ Remove ☐ Change \_\_\_\_ 🗆 Add \_\_ D Change \_\_\_\_ \_□ Àdd ₹5 □ Remove □ Change □ Add ☐ Remove

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flective date, if other th an effective date is listed, the	date must be specifi	ic and cannot be pri	or to date of filing o		after filing.) Pursuant to 60	
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Filing Fee: \$25.00