L15000094087

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Amendle

MAY 21 2019 I ALBRITTON

COVER LETTER

Division of Cor	rporations		
Retail Real SUBJECT:	Estate Advisors, LLC		
	Name of Lim	ited Liability Company	
The condensed Andrews	5 4	issued from tillings	
	Amendment and fee(s) are sub		
Please return all correspo	ondence concerning this matter	to the following:	
	COREY ANDREWS		
		Name of Person	
	RETAIL REAL ESTATE	ADVISORS, LLC	
		Firm/Company	
	956 INDIAN BOUNDAR	Y DRIVE	
		Address	
	WESTMONT, IL 60559		
	CANDREWS@RETAILRE	City/State and Zip Code EADVISORS.COM	
	E-mail address: (to be used for future annual report	notification)
For further information of	concerning this matter, please co	all:	
COREY ANDREWS		630 360-6200 at ()	0
Name o	of Person	Area Code Da	ytime Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
23,007 ming rec	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
MAIL	JNG ADDRESS:	STREET/CO	URIER ADDRESS:

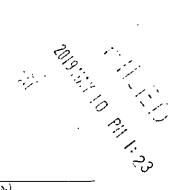
TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



RETAIL REAL ESTATE ADVISORS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{5/28/2015}{2}$ and assigned Florida document number 1.15000094087 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 956 INDIAN BOUNDARY DRIVE Enter new principal offices address, if applicable: WESTMONT, IL 60559 (Principal office address MUST BE A STREET ADDRESS) 956 INDIAN BOUNDARY DRIVE Enter new mailing address, if applicable: WESTMONT, IL 60559 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: JEFF WHYTE Name of New Registered Agent: 218 COMMERCIAL BLVD, SUITE 217 New Registered Office Address: Enter Florida street address , Florida 33308 Zip Code LAUDERDALE BY THE SEA

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.

City

ew Registered Agent

Page 1 of 3

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	Membe:

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MAUREEN ANDREWS	956 INDIAN BOUNDARY DRIVE, WESTMONT, IL 60559	
			■ Remove
			Change
		 	□ Add
			Remove
			☐ Change
			□ Add
			□ Remove
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Cfaatin	e date, if other tha	m the date of fil	ing, MAY 15-2	019	(option	nal)
`an effec <u>lote:</u> El	tive date is listed, the di	ate must be specific a this block does no	and cannot be prior I meet the applic	to date of filing or mo able statutory filing	re than 90 days after fi	ling.) Pursuant to 605.020 late will not be listed a
	ord specifies a de 90th day after th			t an effective ti	me, at 12:01 a.	m. on the earlier o
Nated N	IAY 6		2019			
aicu _	1		_· 	<u> </u>		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00