1/6000005883

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HUCK BOUMAPC

1755 South Naperville Road, Suite 200 - Wheaton, II 60489 pt (630) 221-1755 - ft 6630) 221-1756

www.huckbouma.com

Michael J. Marshall
Very

minarshall@hijekbonina.com

June 27, 2017

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

RE: The Bob and Mary Anne Get Away, LLC

Articles of Amendment

Florida File No. L14000005833

Our File No. 24904-1

Dear Dept. of State:

Enclosed are Articles of Amendment for the above-referenced limited liability company, along with a check in the amount of \$30.00 for the requisite filing fee. Please process the Articles of Amendment and provide the undersigned with a certified copy. I have enclosed a self-addressed envelope for that purpose.

Should you have any questions, please call me at 630-221-1755, or email at mmarshall@huckbouma.com.

Thank you for your assistance.

Sincerely,

HUCK BOUMA PC

Michael J. Marshall

MJM/rac

Enclosures

R. 24000s 24900-24999 24904-1. The Bob and Mary Anne Get Away, ELC Ltr. FL. Dept. of State 6,27.17 te Art. of Amendment.doex

COVER LETTER

	gistration Servision of Corp				
SUBJECT:		AND MARY ANNE GET AW	/AY, LLC		
oomer,		Name of Lim	ited Liability Company	<u></u>	
The enclose	d Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspo	ndence concerning this matter	to the following:		
		MICHAEL J. MARSHAL	L		
		····	Name of Person		
		HUCK BOUMA, PC			
			Firm/Company		
1755 S. NAPERVILLE ROAD, SUITE 200					
			Address	· · · · · · · · · · · · · · · · · · ·	
		WHEATON, IL 60189			
			City/State and Zip Code		
		MMARSHALL@HUCKB			
		E-mail address: (to be used for future annual report notif	ication)	
For further i	nformation co	oncerning this matter, please ca	all:		
MICHAEL J. MARSHALL		at ()			
	Name of	Person	at () Area Code Daytime	: Telephone Number	
Enclosed is	a check for th	e following amount:			
□ \$25.00 I	Filing 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)	

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 Tallabassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE BOB AND MARY ANNE GET AWAY, LLC

he Articles of Organization for this Limited Liability Company lorida document number <u>L16000005883</u>	y were filed on JANUARY 7, 2016 and assigned
his amendment is submitted to amend the following:	
If amending name, enter the new name of the limited lial	bility company here:
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	8416 SHAGBARK CT.
Principal office address MUST BE A STREET ADDRESS)	WOODRIDGE, IL 60517
nter new mailing address, if applicable:	8416 SHAGBARK CT.
Mailing address MAY BE A POST OFFICE BOX)	WOODRIDGE, IL 60517
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here. Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address Florida City Zip Code
	City Zip Code

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>	<u>Name</u>	Address	Type of Action
MGR	MARY ANN LAMBERT	343 KENSINGTON PLACE	
		CAROL STREAM, II. 60188	■ Remove
			□ Change
MGR	ROBIN GRAHAM	8416 SHAGBARK COURT	Add
		WOODRIDGE, IL 60517	Remove
			□ Change
			Remove
			□ Change
	-	·	Add
			□ Remove
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tive date, if other than the date	of filing:		(optional)	
ffective date is listed, the date must be sp If the date inserted in this block do	pecific and cannot be prior t	o date of filing or more than	90 days after filing.) P	arsuant to 605.0
ment's effective date on the Departr	nent of State's records.	ore statutory ming requi	remens, this date wi	n not be usee
ecord specifies a delayed effe e 90th day after the record i	ective date, but not s filed.	an effective time,	at 12:01 a.m. on	the earlier
H 15 10 2 2 2	2017			
i JUNE 27	2017	_ ·		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00