## L18000134073

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## **COVER LETTER**

TO:	Registration Section Division of Corporation			
SUBJ	ECT:	299 Name of Limite	Eam L d Liability Company	LC.
The er	nclosed Articles of Ame	endment and fee(s) are submi	tted for filing.	
Please	return all corresponder	nce concerning this matter to	the following:	
	-	Ant	hony Am. Name of Person	unatrqui
	-	_	99 Family Firm/Company	LLC
	-	33	33 Harris Address	on 51.
	-			Illinois 60304
	_	E-mail address: (to	be used or future annual repor	t notification)
For fu		rning this matter, please call		
	Suphia Name of Per	Amunategi	at (312) Area Code Di	342-5730 aytime Telephone Number
Enclos	sed is a check for the fo	llowing amount:		
<b>S</b> 2	5.00 Filing Fee C	3 \$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 Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limite</u> (	299 To d Liability Company A Florida Limited Lia	anil Las it now appears on or bility Company)	ur records.)	
The Articles of Organization for this Limited Lia Florida document number	ability Company w	ere filed on $5$	30/18	and assigned
This amendment is submitted to amend the following	wing:			
A. If amending name, enter the new name of	the limited liabili	ty company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liability	000		previation "L.L.C."
Enter new principal offices address, if applica (Principal office address MUST BE A STREET)			arrison	St. Ilinois 6030
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u>80X)</u>	333 Ha Oak Pa	ccison <sup>3</sup> rK, III	Stan 5-60304
B. If amending the registered agent and/or registered agent and/or the new registered off	ice address here:	_	77.7	the name of the new
Name of New Registered Agent:	Corpora	thon Seri	vice Con	pany
New Registered Office Address:	1201	1-1445 Enter Florida stre	Stree-	<u> </u>
	Tallo	hassee	, Florida	32301 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.

Lynn Cannelongo, Assistant VP

If Chapging 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 <u>Address</u> **Type of Action** MGR Grace Fishter 271 Southwest 5th St. DAdd
BOCa Raton, FL 3382 Remove ☐ Change  $\square$  Add ☐ Remove ☐ Change \_□ Add ☐ Remove ☐ Change \_□ Add \_□ Remove \_□ Change ☐ Add ☐ Remove □ Change □ Add □ Remove \_□ Change

II aim	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
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-	
(If an ef Note:	ive date, if other than the date of filing:    3   9   (optional)   fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Dct 10 2019
	Signature of a member of authorized representative of a member
	$\Lambda$ . $\mathcal{I}$

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Filing Fee: \$25.00