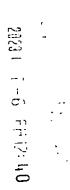
L18000178340

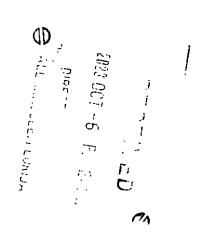
	(Requestor's Name)	
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	(Address)	-
	(City/State/Zip/Phone #)	
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PICK-UF	wait	MAIL
☐ PICK-UP	YVAII	L WAIL
	(Duanas Esta Nama)	
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
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Special Instructions to	Filing Officer:	
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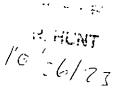
Office Use Only



000416677910







Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 10/6/2023		** WALK	IN⇔
ENTITY NAME 3052 N A	ATLANTIC BLVD LLC		
2.001			
DOCUMENT NUMBER			
	PLEASE FILE THE ATTACHED AND RETURN	2623 Cool	C) el
XXXX	Plain Copy Certified Copy	C,	• .
	Certificate of Status	[Ki2: 40	
PL	EASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY	0	
	Certified Copy of Arts & Amendments		
	Certificate of Good Standing		
	APOSTILLE' / NOTARIAL CERTIFICATION		
COUNTRY OF DESTINATION			
NUMBER OF CERTIFICATI	ES REQUESTED	_	
TOTAL OWED \$25.00	ACCOUNT #: I20160000072		
_	S & FM		
Please call Tina at the	above number for any issues or concerns. Thank you so	much!	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3052 N ATLANTIC BLVD LLC	u Campany as i	non annous on any manards	
(A Florida	Limited Liabilit	t now appears on our records.) y Company)	
The Articles of Organization for this Limited Liability Co	ompany were	filed on 07/24/2018	and assigned
florida document number L18000178340			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability c	ompany here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Cor	mpany," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	300	S. WACKER DRIVE	
Principal office address MUST BE A STREET ADDR.	ESS) SUI	TE 2200	20
		CAGO, IL 60606	<u>ئ</u>
			.
Enter new mailing address, if applicable:	300	S. WACKER DRIVE	5
Mailing address MAY BE A POST OFFICE BOX)	SUI	TE 2200	<u> </u>
Muning dudress MAT DE ATOST OFFICE BOXY		CAGO, 1L 60606	<u> </u>
	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office addre	ss on our records, enter the	name of the new registo
Name of New Registered Agent: SUNSI	SUNSHINE STATE CORPORATE COMPLIANCE COMPANY		
New Registered Office Address: 3458 L	AKESHORE I	DRIVE	
		Enter Florida street address	
TALLA	AHASSEE	Ulouide	32312

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

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	ROBERT C AUMENT	300 S. WACKER DRIVE, SUITE 2200	= Add
		CHICAGO, IL 60606	□Remove
MGR	DAVID F. MACNEIL	84 ISLA BAHIA DRIVE	□Add
		FORT LAUDERDALE, FL 33316	= Remove
			□Change
			DABB [
			□ Change (1)
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

							
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te: If	date, if other than the dative date is listed, the date must be the date inserted in this block it's effective date on the Department.	c does not meet the app	licable statt	filing or more that ory filing req	(option an 90 days after fi uirements, this o	ling.) Pursuant to	605.020 listed a
cord s s filed	pecifies a delayed effective d	ate, but not an effective	time, at 12	2:01 a.m. on th	e earlier of: (b)	The 90th day a	ifter the
.ed	OCTOBER 6	. 2023	—· _	Ac	2_		
			/	11	-		
	Sig	gnature of a member or au	thorized rep	resentative of a	nember		-

Filing Fee: \$25.00