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FEB 1 8 2019 S. YOUNG

COVER LETTER

TO:	Registration Sec Division of Corp		of the second se	
SUBJE	Adding Men	nber	•	
.,000.		Name of Limi	ted Liability Company	
The end	closed Articles of A	Amendment and fee(s) are subt	nitted for filing.	
Please	return all correspon	idence concerning this matter t	to the following:	
		Rupesh Patel		
			Name of Person	
			Firm/Company	
		730 Indiad	D Run Dr Address	
		Jacksonville	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report noti	fication)
For fur	ther information co	oncerning this matter, please ca	dli	
R	Name of	Person	at (<u>904</u>) <u>626-</u> Area Code Daytim	Q
Enclose	ed is a check for the	e following amount:		
S \$2:	5.00 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 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TINLEY PARK IL INVESTMENT.LLC (Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{017}{2}$ Florida document number $\frac{L19000029180}{2}$.	28/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	<u>re</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the de-	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	2 2 2
	FEB.
Enter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	μ. ω
	<u> </u>
B. If amending the registered agent and/or registered office address on	our records, enter the name of the ne
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
Name of New Registered Agent: New Registered Office Address:	

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

Zip Code

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>	<u>Address</u>	Type of Action
Mgr	Chiman Patel	1502 Jacobs blvd Champaign II 61822	Add
			Remove
			Change
			Add
			☐ Remove
			Add
			Remove
			Change
			Remove
			Change
			□ Remove
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		<u>-</u>	
			Remove
			☐ Change

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•	
(If an et Note:	tive date, if other than the date of filing:
	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	2/11/19
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00