6/24/2020

Division of Corporations

Florida Department of State Division of Corporations Electronic Phing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000193976 3)))



H200001939763ABC4

To:	
	Division of Corporations
	Fax Number : (850)617-6383
From:	
	Account Name : CORPORATION SERVICE COMPANY
	Account Number : I20000000195
	Phone : (850)521-0821
	Fax Number : (850)558-1515
Enter an	the email address for this business entity to be used for futu nual report mailings. Enter only one email address please.
Еп	ail Address:

70 HE 24 AM 9: 3

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WEST DICKENS AND CLARK, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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JUN 25 2020

Electronic Filing Menu

Corporate Filing Menu

Help

å	(COVER:LETTER	··· 3	
TO: Registration Sec Division of Corp			,	
West Dicke	ns and Clark, LLC			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of .	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspo	ndence concerning this matter	o the following:		
	John Holmstrom			
		Name of Person		
	A C Johnston Holdings			
	——————————————————————————————————————	Firm/Company		
	1401 North Second Street			
	1401 North Second Silver	Addicas		
	N 564 IF 61107			
	Rockford, IL 61107	City/State and Zip Code		
	john,holmstrom@acjohnsto	n.com		
	E-mail address: (to be used for future annual report noti	ication)	
For further information of	oncerning this matter, please e	all:		
John Holmstrom		815 9855037 at ()		
Name o	of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for t			☐ \$60.00 Filing Fee,	
■ \$25.00 Filing Fee	S30,00 Filing Fee & Certificate of Status	 E1 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) 	Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre		<u>Street Address:</u> Registration Se	ction	
Registration Division of C		Division of Co	porations	
P.O. Box 633	27	The Centre of 1	'allahassec e Street, Suite 810	
Tallahassec,	PL/ 32314	Tallahassee, FL	, 32303	

ARTICLES OF AMENDMENT TO 2029 JUL 24, Alt 7: 49 ARTICLES OF ORGANIZATION OF

West Dickens and Clark, LLC		
(Name of the Limited Liability Company (A Florida Limited Lin	ras it now appears on our records.) hility Company)	, , , , , , , , , , , , , , , , , , ,
The Articles of Organization for this Limited Liability Company we Florida document number L20000139913	vere filed on May 29, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the	c abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	ldress on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Plorida street uddress	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po- being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and 1 a rovided for in Chapter 605, F.S. (Or, if this document is

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:

2020 JUN 24 AN 7: 49

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Charles J Howard	Unit 110 Ocean Grande, 1063 Hillsboro Mile,	□ Add
		Hillsboro Beach, FL 33062	= Remove
			[□Change
MGR	Nathan Howard	Trask Bridge Road, Durand, IL 61024	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
			□Remove
			Change
			□Remove
			□Change
	<u></u>		□Add
			□Remove
			[]Change
			🗆 Add
			□Remove
			_ Change
			□Add
			[]Remove

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te: If the date inserted in this block does not meet the applicable statutory tring requirements, this date will not be fixed as sument's effective date on the Department of State's records. Second specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the s filed.	mending any other informa	ion, enter change(s) here: (A	ися аватона злееіз, у	necessury.j
sective date, if other than the date of filing: n effective 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 te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a nument's effective date on the Department of State's records. second specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed. Signature of a member or authorized representative of a member				
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Signature of a member or authorized representative of a member	June 23, ted	2020		
		722		
John Holmstrom		Signature of a member or authorized	representative of a member	
	John Holmstrom			

Filing Fee: \$25.00

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