Electronic Filing Cover Sheet

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(((H20000196813 3)))



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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 the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

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

Electronic Filing Menu — Corporate Filing Menu

Y Still Help

JUN 2 (1 2020

COVER LETTER

TO: Registration Section Division of Corporations				
	West Dickens and Clark, LLC			
SUBJECT:		Name of Limit	ted Liability Company	
• •••				
The enclosed	Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return	all correspon	dence concerning this matter t	o the following:	
		John Holmstrom		
			Name of Person	
		A C Johnston Holdings		
			Firm/Company	
		1401 North Second Street		
			Address	
		Rockford, IL 61107		
			City/State and Zip Code	<u> </u>
		john.holmstrom@acjohnsto	n,com	
		E-mail address: (to be used for future annual report noti	fication)
For further it	iformation co	ncerning this matter, please ca	all:	
John Holmst	roin		815 9855037	
	Name of	Person	Area Code Daytim	e Telephone Number
linelesed is a	check for th	e following amount:		
≡ \$25.00 F		☐ \$30.00 Filing Fee & Certificate of Status	Cl \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re Di P.(illing Address gistration S vision of C D. Box 632 llahassee, I	ection orporations 7	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassec e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

West Dickens and Clark, LLC	ov appears on our records;)
(Name of the Limited Linbility Company as it mg (A Florida Limited Liability C	ompany)
The Articles of Organization for this Limited Liability Company were file	ed on May 29, 2020 and assigned
Florida document number L20000139913	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
The new name must be distinguishable and contain the words "Limited Liability Compa	my." the designation "LLC" or the abbreviation "L.L.C."
	,
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	79 17AL
Decrease the address if applicable:	20,
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	到皇 77
IMailing address 81/11 BEAT ON FOLLY (Car 2002)	25
	7
B. If amending the registered agent and/or registered office address	on our records, enter the name of the new registered
agent and/or the new registered office address here:	± 5.
	<i>y-</i> 01
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
City	, Florida
•	· · ·
New Registered Agent's Signature, if changing Registered Agent:	to the when no you to comply with the
I hereby accept the appointment as registered agent and agree to ac provisions of all statutes relative to the proper and complete perform accept the obligations of my position as registered agent as provide being filed to merely reflect a change in the registered office address	d for in Chapter 605, F.S. Or, if this document is

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	Charles J Howard	Unit 110 Ocean Grande, 1063 Hillsboro Mile,	🗀 Add
		Hillsboro Beach, FL 33062	
			□Change
MGR	Nathan Howard	Trask Bridge Road, Durand, IL 61024	≌Add
			□Remove
			Change
			🗀 Add
			□Remove
			[] Change
			[□∧dd
			□Remove
			Change
			DAdd
			□Remove
			Change
			①Add
			[]Remove
			F1Change H20000196813 3

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note	tive date, if other than the date of filing: ffective 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)(6) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
If the record is	ord 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 filed.
Date	June 23, 2020
Ditt	
	Signature of a member or authorized representative of a member
	John Holmstrom
	Typed or printed name of signee

Filing Fee: \$25.00