## LZU UUQ 139913

(Requ	uestor's Name)	
(Addı	ress)	
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(City/	State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Na	me)
(Doc	ument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

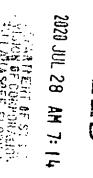
Office Use Only



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07/28/20--01038--030 \*\*25.00

S. YOUNG



## **COVER LETTER**

TO: Registration Se Division of Cor			•
	ens and Clark, LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	John Holmstrom		
		Name of Person	
	A C Johnston, Ltd.		
		Firm/Company	<del></del>
	1401 North Second Street		
		Address	<del></del>
	Rockford, Illinois 61107		
		City/State and Zip Code	
	john.holmstrom@acjohnsto		
For further information c	E-mail address: ( oncerning this matter, please e	to be used for future annual report no all:	tification)
John Holmstrom		815 9637438	
Name o	f Person	at () Area Code Daytin	me Telephone Number
Enclosed is a cheek for the	he following amount:		
■ \$25.00 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)
<u>Mailing Addres</u> Registration		Street Address: Registration S	ection
Division of C		Division of Co	orporations
P.O. Box 632	27	The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

West Dickens and Clark, LLC		20
(Name of the Limited Lia (A Flo	bility Company as it now appears on our recorrida Limited Liability Company)	ds.) Property of the control of the
The Articles of Organization for this Limited Liabilit	y Company were filed on May 29, 2020	neand Reigned
Florida document number L20000139913		The state of the s
This amendment is submitted to amend the following	;;	1 1 1 U
A. If amending name, enter the new name of the l	imited liability company here:	· · · · · · · · · · · · · · · · · · ·
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address her		r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	PSS
	**	n dat.
<del></del>	, F	lorida 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.

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>	<u>Address</u>	Type of Action
MGR	Ntahan Howard	Trask Bridge Road, Durand, Illinois	□Add
			=Remove
			Change
MGR	Jeffry Potter	1401 North Second Street, Rockford, Illinois 61107	🗆 Add
			=Remove
			□Change
MGR	A C Johnston, Ltd.	1401 North Second Street, Rockford, Illinois 61107	<b>=</b> Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
<del></del>			□Add
		<u> </u>	□Remove
			□Change
			□Add
		<del>.</del>	□Remove
			□Change

## Page 2 of 3

Effective date, if other than the date of filing:  (Optional)  (If an effective date, if other than the date of filing:  (Optional)  (If an 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 695,020.  Note: If the date inserted in this black does not meet the applicable statutory tiling requirements, this date will not be listed as document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.  Dated  Signstare of Member of authorized representative of a member		
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Signature of a member or authorized representative of a member	Dated	July 20. 2020.
Signature of a nember or authorized representative of a member		
		Signature of a member of authorized representative of a member

Page 3 of 3