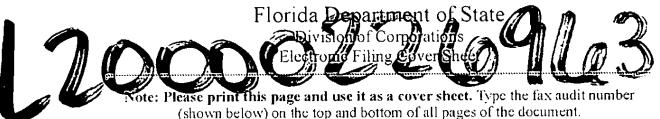
Division of Corporations

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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 Addres	e .			
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PARK SHORE, LLC

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Tallahassee, FL 32314

## **COVER LETTER**

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	Registration Se Division of Cor			
er:narz	PARK SHO			
SUBJEC	T:	Name of Limi	nted Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ondence concerning this matter	to the following.	
			Name of Person	
			Firm/Company	
			Address	
			City/State and Zip Code	
		E-mail addiess. (	to be used for future annual report not:	fication)
For furth	er information o	concerning this matter, please ea		
	Name o	of Peison	at (	e Telephone Number
Enclosed	lis a check for t	he following amount.		
□ <b>\$</b> 25.0	00 Filing Fee	☐ \$30 00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>
	Mailing Addre		Street Address: Registration Se	
	Division of C P.O. Box 633	Corporations	Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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( <u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our record d Liability Company)	<u>(s.</u> )
The Articles of Organization for this Limited Liability Companional Clorida document number <u>L20000226963</u> .	ny were filed on August 5, 2020	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		020
		ַרַ ਨੂੰ דו
		j prom
Enter new mailing address, if applicable:		975
Mailing address MAY BE A POST OFFICE BOX)		The name of the new reg
		7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
		7
<ol> <li>If amending the registered agent and/or registered office agent and/or the new registered office address here:</li> </ol>	e address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address:	Enter Florida street addres	Z .
New Registered Office Address:	, Fl	orida
New Registered Office Address:		orida
New Registered Office Address:	, Fl	orida

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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>	Name	Address	Type of Action
MGR	Paul D. Brown	105 Hilltop Road	□Add
		Bloomington, Illinois 61701	■Remove
			Change
MGR	Estelle Brown	105 Hilltop Road	
		Bloomington. Illinois 61701	□Remove
			ZDD Add
		·	**************************************
			Add
			Remove
			Change
			□Remove
			Change
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Effective date, if other than th	e date of filing:		_ (optional)	
If an effective date is listed, the date m Note: If the date inserted in this				
document's effective date on the	Department of State's records.			
e record specifies a delayed effect rd is filed.	we date, but not an effective time	, at 12:01 a.m. on the earlie	er of. (b) The 90th day aft	er the
id is fried.				
	2020			
Dated November 3	. 2020			

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