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SECRETARY OF STATE
TALLAHASSEE

COVER LETTER

TO: Registration Se Division of Cor					
Sanibel Mo	orings, LLC				
SUBJECT:	Name of 1 im	ited Laability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Augustin G. Simmons				
		Name of Person			
	O'Haberan & Simmons, P	i, t.C			
		Firm/Company			
	2080 McGregor Blvd., Sui	ite 300			
		Address			
	Fort Myers, FL 33901				
		City/State and Zip Code			
	ksburnsie@comeast.net E-mail address: (to be used for future annual report noti	fication)		
For further information e	oncerning this matter, please c	all:			
Augustin G. Simmons		239 204-9376			
Name o	f Person	at () Area Code Daytim	ne Telephone Number		
Enclosed is a check for the	ne following amount:				
□ \$25,00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address		<u>Street Address:</u> Registration Se	ection		
Registration Section Division of Corporations		Division of Cor	Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

Sanibel Moorings, LLC				
(Name of the Limited)	Jiability Compa Florida Limited I	ny as it now appears on our Jability Company)	r reçords.)	
the Articles of Organization for this Limited Liabi lorida document number L21000120674	lity Company	were filed on $\frac{03/23/202}{}$	la	and assigned
his amendment is submitted to amend the followi	ng:			
If amending name, enter the new name of th	e limited liab	ility company here:		
ne new name must be distinguishable and contain the word:	s "Limited Liabil	hty Company," the designation	on "LLC" or the abbrevia	tion "L.L.C."
nter new principal offices address, if applicabl	e.	11530 Dearpath Rd.		
Principal office address MUST BE A STREET		Sycamore, IL 60178	SE	202
megar office and essertion in the second	127771171777		AL.	SE T
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		11530 Dearpath Rd.	AHAS S	P - 7
		Sycamore, IL 60178	<u>ក្រក</u> ្រ	
			<u></u>	— <u>6: </u>
. If amending the registered agent and/or regi- gent and/or the new registered office address h		address on our records.	enter the name of t	
Name of New Registered Agent: O'Halloran & S		Simmons, PLLC		
New Registered Office Address:	2080 McGrego	r Blvd., Suite 300		
		Enter Florida stree	t address	
	Fort Myers		, Florida <u>33901</u>	
_		Ciņ	Zij) Code

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Bradley Burns	11530 Decrpath Rd., Sycamore, II, 60178	= Add
	•	-1-4	□Remove
			Change
MGR	Kristen Burns	111530 Deerpath Rd., Sycamore, IL 60178	
			■Remove
			□Change
AMBR	CDECRE, LLC	23) S. LaSalle St., 13th Floor, Chicago, IL 60604	□Add
			≣Remove
			TChange
			□Add
			□Remove
			DChange
			DAdd
			⊡Remove
			□Change
			□Add
			□Remove
	•		□Change

					
 					
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Effective date,	if other than the date of	filing:	·	_ (optional)	
f an effective date: Note: Hitherdate	is listed, the date must be speci e inserted in this block does	fic and cannot be prior to dat a not meet the applicable s	e of filing or more than 90 statutory filing requirem	days after filing.) Pursuant to lents, this date will not be	605,0207 (listed as t
	ctive date on the Departmer				
record specifies	s a delayed effective date. bi	ut not an effective time, a	t 12:01 a.m. on the earl	ier of: (b) The 90th day:	after the
d is filed.					
	211	2021			
Dated	8/25/				
		~			
4	Signature	e of a member or authorized	representative of a memb	er e e e e e e e e e e e e e e e e e e	_
		J			
Bradl	ley Burns				
		Typed or printed nar	ne of signee	· · · · · ·	_

Filing Fee: \$25.00