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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	<u> </u>
(Ci	ty/State/Zip/Phone #	¥)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	e)
(Do	ocument Number)	· <u>-</u>
Certified Copies	Certificates c	of Status
Special Instructions to	Filing Officer.	
	J. HORNE	
	AUG 1 6 2022	

Office Use Only



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2022 AUG 15 AM 11: 19

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 8/15/2022 **PRIORITY** Regular Approval

OUR REF # (Order ID#) 1061832

ORDER ENTITY
CF SEABREEZE LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

CF SEABREEZE LLC (FL)

File the attached amendment

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, August 15, 2022 Page 1 of 1

COVER LETTER

TO: Registration S Division of Co				
CF Seabre				
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	Erin Conway Rahn			
		Name of Person		
	Becker Gurian			
		Firm/Company		
	513 Central Avenue, Suite 400			
		Address	.	
	Highland Park, II, 60035			
	· 231. 1	City/State and Zip Code		
	erin@beckergurian.com E-mail address: (to be used for future annual report noti	fication)	
For further information of	concerning this matter, please c	•		
Erin Conway Rahn		847 579-6948 at ()		
Name o	of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for t	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)	
Mailing Addre Registration Division of C	Section	<u>Street Address:</u> Registration Set Division of Cor		
P.O. Box 633		The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED &

2022 AUG 15 AH 11: 20 CF Seabreeze LLC (Name of the Limited Liability Company as it now appears on our records.) His (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on June 7, 2021 Florida document number <u>1.2100</u>0261750 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 9500 W Bryn Mawr, Suite 130 Enter new principal offices address, if applicable: Rosemont IL 60018 (Principal office address MUST BE A STREET ADDRESS) 9500 W Bryn Mawr, Suite 130 Enter new mailing address, if applicable: Rosemont IL 60018 (Mailing address MAY BE A POST OFFICE BOX) 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: Name of New Registered Agent: New Registered Office Address:

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.

City

Enter Florida street address

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	John E. Collins	9500 W Bryn Mawr, Suite 130	□Add
		Rosemont IL 60018	□Remove
			🗆 Add
		 	□Remove
			☐ Change
			\ \to \Add
			□Remove
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			☐ Change
			□Add
			□Remove

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Effective Fan effect Note: If	date, if other than the date of filing:
	t's effective date on the Department of State's records.
e record s rd is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 0	8/12/2022
-a.co	1024x
	John Culins (Aug 17, 2027 CO1)
	Signalize of a mighler or authorized representative of a member
	Signature of a member or authorized representative of a member

• ,

Filing Fee: \$25.00