L21000430818

_____
(Requestor's Name)

_____
(Address)

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(Address)

_____
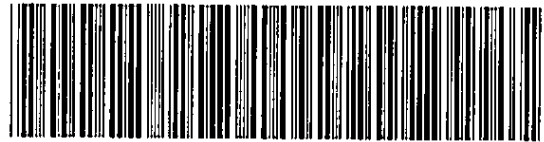(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

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TAS

COVER LETTER

TO: : **Registration Section**
Division of Corporations

SUBJECT: THE TARTARO LEGACY ONE, LLC
_____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GREGORY J. RITTER
_____
Name of Person

RITTER CHUSID, LLP
_____
Firm/Company

· 5850 CORAL RIDGE DRIVE, SUITE 201
_____
Address

CORAL SPRINGS, FLA. 33076
_____
City/State and Zip Code

GRITTER@RITTERCHUSID.COM
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GREGORY J. RITTER   954   340-2200
_____   at (_____) _____
Name of Person   Area Code   Daytime Telephone Number

Enclosed is a check for the following amount:

� $25.00 Filing Fee   ☐ $30.00 Filing Fee &   ☐ $55.00 Filing Fee &   ☐ $60.00 Filing Fee,
                                      Certificate of Status   Certified Copy   Certificate of Status &
                                                                             (additional copy is enclosed)   Certified Copy
                                                                                                                      (additional copy is enclosed)

Mailing Address: **Street Address:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   The Centre of Tallahassee

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

THE TARTARO LEGACY ONE, LLC
_____
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on SEPTEMBER 25, 2021 _____ and assigned

Florida document number L21000430818 _____.

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liability company here</u>:

_____

_____

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:	231 S. LaSalle Street, 13th Floor
(Principal office address MUST BE A STREET ADDRESS)	Chicago, IL 60604

Enter new mailing address, if applicable:	231 S. LaSalle Street, 13th Floor
(Mailing address MAY BE A POST OFFICE BOX)	Chicago, IL 60604

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

Name of New Registered Agent: _____

New Registered Office Address: _____
  Enter Florida street address

_____, **Florida** _____
  City   *Zip Code*

<u>New Registered Agent's Signature, if changing Registered Agent:</u>

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.

FILED 2021 OCT -5 PH 11:20 TALLAHASSEE, FLORIDA SECRETARY OF STATE

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>	<u>Type of Action</u>
MGR	CDECRE, LLC	231 S. LaSalle Street, 13th Floor	■Add
		Chicago, IL 60604	☐Remove
			☐Change
MGR	THOMAS J. TARTARO	312 Anchorage Drive, Woodbury, NY 11797	☐Add
			■Remove
			☐Change
MGR	CONTESSA A. TARTARO	312 Anchorage Drive, Woodbury, NY 11979	☐Add
			■Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

_____

_____

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_____

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2021 OCT -5 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. 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 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated October 4 _____ . 2021 _____ .

_____
Signature of a member or authorized representative of a member

GREGORY J. RITTER
_____
Typed or printed name of signee