

L22000219717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

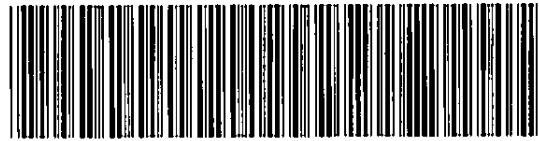
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100444528771

FILED

2025 MAY 20 PM 12:18

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

RECEIVED

2025 MAY 20 PM 3:53

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext: x62969
Date: 05/14/25
Order #: 2207619-1
Re: ARKAGAS LLC
Processing Method: Routine

A handwritten signature in black ink, appearing to read "Amanda Miller", is written in a cursive style.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:
I20000000195

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing,
please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARKAGAS 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:

IRENE KWAK

Name of Person

LEVENFELD PEARLSTEIN, LLC

Firm/Company

120 S. RIVERSIDE PLAZA, SUITE 1800

Address

CHICAGO, ILLINOIS 60606

City/State and Zip Code

LPAGENTS@LPLEGAL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IRENE KWAK

312 476-7722
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 &
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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2025 MAY 20 PM 12: 18

ARKAGAS LLC

(Name of the Limited Liability Company as it now appears on our records.) TALLAHASSEE, FLORIDA
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on MAY 5, 2022 and assigned
Florida document number L22000219717.

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 "L.L.C."

Enter new principal offices address, if applicable:

450 SKOKIE BLVD., BLDG. 600

(Principal office address MUST BE A STREET ADDRESS)

NORTHBROOK, ILLINOIS 60062

Enter new mailing address, if applicable:

450 SKOKIE BLVD., BLDG. 600

(Mailing address MAY BE A POST OFFICE BOX)

NORTHBROOK, ILLINOIS 60062

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:

CORPORATION SERVICE COMPANY

New Registered Office Address:

1201 HAYS STREET

Enter Florida street address

TALLAHASSEE

Florida 32301

City

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>	<u>Type of Action</u>
AMBR	ARKAGAS 85 MEMBER LLC	450 SKOKIE BLVD., BLDG. 600	☒ Add
		NORTHBROOK, ILLINOIS 60062	☐ Remove
			☐ Change
MGR	DANIEL NEARY	4900 NW 2 AVE	☐ Add
		MIAMI, FLORIDA 33127	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2025 MAY 20 PM 12:18
SCHOOL DIST OF TALLAHASSEE
TALLAHASSEE, FLORIDA

2025 MAY 20 PM 12:18
SEALING UNIT
TALLAHASSEE, FLORIDA

FILED

(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)

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 May 7, 2025


Signature of a member or authorized representative of a member

Joel I. Barnett, Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00

CSC AMEND-320576