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
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2025 MAY 20 PM 3:53
SECRETARY OF STATE
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

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 at (312) 476-7722
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)

(A Florida Limited Liability Company)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:
(Principal office address MUST BE A STREET ADDRESS)

450 SKOKIE BLVD., BLDG. 600
NORTHBROOK, ILLINOIS 60062

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

450 SKOKIE BLVD., BLDG. 600
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

Title	Name	Address	Type of Action
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

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

FILED
2025 MAY 20 PM 12:18
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 May 7, 2025.

Signature of a member or authorized representative of a member

Joel I. Barnett, Authorized Representative

Typed or printed name of signee

CSC AMEND-320576

Filing Fee: $25.00