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SECRETARY OF STATE

A. RIVERS MAY - 5 2023

## DocuSign Envelope ID: C6B02D82-01EF-43B3-93CE-30DC7CF745D2 COVER LETTER

TO:

Registration Section

Division of Corporations			
SUBJECT: CANAL	STREET CHICAGO LLC	:	
		nited Liability Company	
	Amendment and fee(s) are sui	-	
Please return all correspo	ondence concerning this matter	r to the following:	
	BRAD A GALBRAITH		
	<del></del>	Name of Person	<del></del>
	GALBRAITH, PELC		
		Firm/Company	
	999 VANDERBILT BEA	CH RD, SUITE 509	
		Address	
	NAPLES, FL 34108		
		City/State and Zip Code	
	CARIAS@GALBRAITH.I		
		to be used for future annual report notific	ation)
For further information c	oncerning this matter, please c	all:	
CARINA E. ARIAS		239 325-2300	
Name o	f Person	at () Area Code Daytime T	'elephone Number
Enclosed is a check for th	ne following amount:		
	S30.00 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 Addres Registration S		Street Address: Registration Secti	on

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

Tallahassee, FL 32303

## DocuSign Envelope ID: C6B02DB2-01EF-43B3-93CE-30DC7CF745D2 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

CANAL STREET CHICAGO LLC		
( <u>Name of the Limited Li</u> (A F	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liability	ity Company were filed on 02/14/2023	and assigned
lorida document number 1.23000082279		
his amendment is submitted to amend the followin	g:	
If amending name, enter the new name of the	limited liability company here:	
he 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 AI	ODRESS)	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	2	
		200 S
3. If amending the registered agent and/or regist	ered office address on our records, <u>enter the na</u>	
gent and/or the new registered office address he	<u>re</u> :	ARE TO
		ARY ASSI
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street oddress	25 51
	Florida	<del>.</del>
_	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

DocuSign Envelope ID: C6802DB2-01EF-43B3-93CE-30DC7CF745D2
11 amending Authorized rerson(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	Margaret K Sharples-Gordon	165 N Canal St, Apt 1331, Chicago, 1L 60606	<b>=</b> Add
			□Remove
			□ Change
MGR	Sylvia Gordon		□Add
		2098 SEMINOLE BLVD #5403, LARGO, FL 33778	B ≣Remove
			□Change
			🗆 Add
			□Remove
			🗆 Change
	v		□Add
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			🗆 Change
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			□Add
			□Remove
			[]Change

i amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: 1	ce date, if other than the date of filing:
record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after thed.
Dated _	2/23/2023
	Consideration of the constant
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00