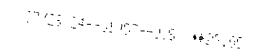
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PICK-UP WAIT MAIL
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Special Instructions to Filing Officer:
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COVER LETTER

TO:	Registration Sect Division of Corpo				
	8 Bunke	er Hill, L.L.C.			
SUBJI	ECT:	Name of Lim	ited Liability Company		
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please	return all correspond	dence concerning this matter	to the following:		
		Jessica Anderso	n		
			Name of Person		
		The Old Mountain	n Company, Inc.		
		225 W. Wacker	Firm/Company Drive, Suite 1500		
		Chicago, IL 606	Address		
		Ja@oldmounta	City/State and Zip Code in.com	-	
		E-mail address: (to be used for future annual re	eport notification)	
For fur	ther information cor	neerning this matter, please ca	all:		
J	essica Anderso	n		917-1813	
	Name of I	Person	at () Area Code	Daytime Telephon	e Number
Enclos	ed is a check for the	following amount:			
Ճs₂	5.00 Fiting Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is ench	used)	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address: Registration Sc Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations	Division The Cen 2415 N.	dress: tion Section of Corporation tre of Tallahass Monroe Street, see, FL 32303	ee

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our reco ility Company)	rds.)
The Articles of Organization for this Limited Liability Company we Florida document number L23000223885	ere filed on <u>May 5, 2</u>	023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabilit</u> N/A	y company here:	
The new name must be distinguishable and contain the words "Limited Liability		.C" or the abbreviation "L.C."
Enter new principal offices address, if applicable:	N/A	<u> </u>
Principal office address MUST BE A STREET ADDRESS)		
		:
_		īk.
Enter new mailing address, if applicable:		ू था
Mailing address MAY BE A POST OFFICE BOX)		= 👸
-		
B. If amending the registered agent and/or registered office addingent and/or the new registered office address here:	lress on our records, <u>ente</u>	er the name of the new regi
N/A		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	ess
		Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		

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>	Address	Type of Action
MGR	Susan E. Shapiro	218 South US Hwy One, Suite 100	CXAdd
		Tequesta, FL 33469	□Remove
			□ Change
AMBR	Marshall Field	218 South US Hwy One, Suite 100	
		Tequesta, FL 33469	
			Remove
AMBR	Sydney Davis	100 Palmetto Trail	D'Change
		Hobe Sound, FL 33455	🗆 Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			Change
			🗆 Add
			Remove
			Change

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		July 3, 20	24		
ective date, i	if other than the date of	filing:		(optiona	l)
te: If the date	is listed, the date must be specif e inserted in this block does	not meet the applicable			
ument's effec	ctive date on the Departmen	t of State's records.			
cord specifies s filed.	ra delayed effective date, bu	it not an effective time	, at 12:01 a.m. on th	ne earlier of: (b)	The 90th day after the
	July 3	2024			
ed	July J	2024			
	-	- (m)			
	//	1/ /11/			
		of a member of authorize			

Filing Fee: \$25.00