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**DATE: 10/14/14**

**NAME: BLOOMINGDALE PALMS, LLC**

**TYPE OF FILING: AMENDMENT**

**COST: 25.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bloomington Palms, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James B. Allen

Name of Person

Brown, Udell, Pomerantz & Delrahim

Firm/Company

1332 N. Halsted, Ste. 100

Address

Chicago, IL 60642

City/State and Zip Code

jallen@bupdlaw.com

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

For further information concerning this matter, please call:

Pam Hill, Brown, Udell, Pomerantz & Delrahim

Name of Person

at 312 , 475-9900

Area Code & Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

CR2E055 (12/13)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Bloomington Palms, LLC
2. Jurisdiction of its organization: 08/24/2012
3. Date authorized to do business in Florida: 08/24/2012

SECTION II (4-7 complete only the applicable changes)

4. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")


(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
- \_\_\_\_\_

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: Bloomington Palms Manager, Inc.

208 S. LaSalle Street, Suite 1600, Chicago, IL 60604/ Manager

7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative

Robert J. Murtagh, President, Bloomington Palms Manager, Inc.

\_\_\_\_\_  
Typed or printed name of signer

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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*To all to whom these Presents Shall Come, Greeting:*

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

BLOOMINGDALE PALMS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 24, 2012, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 1428201886

Authenticate at: <http://www.cyberdriveillinois.com>

*In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 9TH  
day of OCTOBER A.D. 2014 .*

*Jesse White*

SECRETARY OF STATE