M21 00000 3470

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(6.1,761.61.61.7)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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FALLAHASSEE, FLORIDA

FILED 2022 JUN 29 AH 10: 56

SEP 2 6 2022 S. PRATHER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: <u>Cicero & Ro</u>	osevelt Pror me of Foreigr			npany
Dear Sir or Madam:				
The enclosed application, certifica	te and fee(s):	are submit	ted for filing	
Please return all correspondence c	oncerning this	s matter to	the followin	g:
Sheharyar	Parekh			
Name of P	erson		-	
Cicero & Roosevelt P	roperties LL	_C		
Firm/Com	pany			
33 W. Roc	sevelt Rd			
Addres	SS			
Lombard, IL 60				
City/State	and Zip Code	•		
sparekh@piedpipe E-mail address: (to be used for			ification)	
E-mail address: (to be used for	iuture amituar	report not	incation)	
For further information concerning	g this matter,	please cal	l:	
Sheharyar Parekh		at (312) 43	4-7117
Name of Person		Area (Code & Dayt	ime Telephone Number
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		
Enclosed is a check for t	he following	amount:		
□ \$30 Filing □ \$30 Filing	_	□ \$55 Fi	ling Fee & ied Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

TO:

FILED

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

SECTION I (1-4 must be completed)	2:	27.112
1. Name of limited liability Company as it appears on the records of the Florida Department of		NOC 2
State: Cicero & Roosevelt Properties LLC	35. Fr	C 2 N
Enter new principal office address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADDRESS)		WI 10. 90
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited liability company is: M2100003470		
3. Jurisdiction of its organization:		
4. Date authorized to do business in Florida: 03/12/2021		
SECTION II (5-9 complete only the applicable changes)		
5. New name of the limited liability company: Pied Piper Mortgage, LLC (must contain "Limited Liability Company, " "L.L.C.," or "1.	ī.C.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and at copy of the written consent of the managers or managing members adopting the alternate name. The alternate must contain "Limited Liability Company," "L.L.C." or "LLC.")	tach a ate name	
6. If amending the registered agent and/or registered officer address on our records, enter the name of the negistered agent and/or the new registered office address here:	<u>ew</u>	
Name of New Registered Agent:		
New Registered Office Address: Enter Florida Street Address		
Florida		
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 conthe provisions of all statutes relative to the proper and complete performance of my duties, and I am familiand accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if the document is being filed to merely reflect a change in the registered office address, I hereby confirm that the liability company has been notified in writing of this change.	ar with is	

If Changing Registered Agent, Signature of New Registered Agent

8. If the amendment c	hanges person, title or capacity in a	ccordance with 605.0902 (1)(e), indicate that	change:
Title/ Capacity	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Add
			□Remove
_			□Add
		- · · · · · · · · · · · · · · · · · · ·	□Remove
			□Add
			□Remove
			□Add
 Attached is a certif aforementioned am jurisdiction under t 	22 JUN 29		
	Sheharyar Parek Typed or prin	hted name of signee	29 AHIO 8 AF OF STA

Filing Fee: \$25.00



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

PIED PIPER MORTGAGE, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 05, 2019, 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.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 28TH

day of

APRIL

A.D.

2022

Authentication #: 2211802428 verifiable until 04/28/2023

Authenticate at: http://www.ilsos.gov

SECRETARY OF STATE