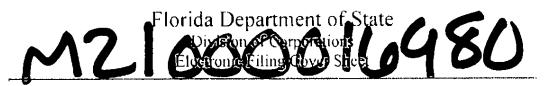
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Division of Corporations



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(((H220002495363)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JUNO POINT PROPERTY OWNER, LLC

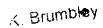
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JUL 22 2022



From: Kaity Toon

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)

1. Name of limited liability Company as it appear				
State: JUNO POINT PROPERTY OWNER, LLC				
Enter new principal office address, if applicable:				
(Principal office address	14 West Superior Street, Suite 200			
MUST BE A STREET ADDRESS)	Chicago, IL 60654			
Enter new mailing address, if applicable:	14 West Superior Street, Suite 200			
(Mailing address MAY BE A POST OFFICE BOX)	Chicago, IL 60654			
	J			
2. The Florida document number of this limited lia	bility company is: M21000016980 22			
3. Jurisdiction of its organization: Delaware	T			
	4/2021			
SECTION II (5-9 complete only the applicable	changes)			
New name of the limited liability company: (mus	t contain "Limited Liability Company," "L.L.C.," or "LLC.")			
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or manust contain "Limited Liability Company," "L.L.C.	for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name 3." or "LLC.")			
6. If amending the registered agent and/or registered registered agent and/or the new registered office as	ed officer address on our records, enter the name of the new			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida Street Address			
	Florida			
	City Zip Code			
the provisions of all statutes relative to the proper and accept the obligations of my position as regist	nt and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with ered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited			
IfC	hanging Registered Agent, Signature of New Registered Agent			

From. Kaity Toon

. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:							
itle/ Capacity	Name	Address	Type of Action				
	May A Park, Add Williams		□Add				
			Remo				
			□Λád				
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			□Add				
aforementioned am	cate, if required: no more than 90 endment(s), duly authenticated by the law of which this entity is organical.	y the official having custody of records in the	□Renno				
	Signature of	the authorized representative					

2022-07-22 13:54:46 PDT

Filing Fee: \$25.00