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Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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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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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LOCK UP NOKOMIS LLC

Certificate of Status	0
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DEPARTMENT OF STATE

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T. LEMIEUX
MAR 12 2024

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 appears on the records of the Florida Department of

State: LockUpNokomisLLC

Enter new principal office address, if applicable: 444 W. Lake Street, Suite 2100

(Principal office address

MUST BE A STREET ADDRESS)

Chicago, Illinois 60606

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

444 W. Lake Street, Suite 2100

Chicago, Illinois 60606

2. The Florida document number of this limited liability company is: M22000004860

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 03/31/2022

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: N/A

(must contain "Limited Liability Company," "LLC," or "L.L.C.")

(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 "L.L.C.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: N/A

New Registered Office Address: N/A

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 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

N/A

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

HSRE-LUSSHI,LLC replaced A&R Management, Inc. as sole manager/member as indicated below.

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	HSRE-LUSSHI,LLC	444 W. Lake Street, Suite 2100, Chicago Illinois 60606	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
Manager	A&R Management, Inc.	800 Frontage Road	<input type="checkbox"/> Add
		Northfield, IL 60093	<input checked="" type="checkbox"/> Remove
Authorized Person	Robert A. Soudan, Jr.		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
Authorized Person	Richard B. Hirschler		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
Authorized Person	Michael Gershowitz		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a 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

Michael Gershowitz

Typed or printed name of signee

Filing Fee: \$25.00