N23000001168

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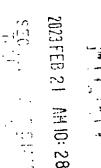
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BY:_____

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S. CHATHAM MAY - 6 2023



COVER LETTER

TO: Amendment Section Division of Corporations

GRACE'S MANAME OF CORPORATION:	NOR TRACTS INC.	<u>.</u>		
N23000001168				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee a	re submitted for filing.			
Please return all correspondence concerning thi	s matter to the followi	ng:		
MICHAEL ROBERT FLAM, ESQ.				
	(Name of Conta	act Person)		
MICHAEL ROBERT FLAM P.A.				
	(Firm/ Con	npany)		
20125 OCEAN KEY DRIVE				
	(Addre	ss)		
BOCA RATON, FL 33498				
	(City/ State and	Zip Code)		
michael@flamlawyer.com				
E-mail address: (to b	oe used for future annu	al report notificat	ion)	
For further information concerning this matter,	please call:			
MICHAEL ROBERT FLAM, ESQ.		561 at	504-3406	
(Name of Contact)	erson)	(Area Code) (Daytime Telephone	Number)
Enclosed is a check for the following amount n	nade payable to the Flo	orida Department o	of State:	
■ \$35 Filing Fee □\$43.75 Filing F Certificate of \$	=	oy Cer copy is Cer (Ad	.50 Filing Fee tificate of Status tified Copy ditional Copy is closed)	
Mailing Address		Street Address	<u> </u>	

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

CDACD	20 AAAA	OD TD A	CTSINC

(Name of Corporation as currently filed with the Florida D	ept. of State)	
N23000001168		
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006. Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the fol	llowing
A. If amending name, enter the new name of the corporati	on:	
	77	he new
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation "Corp." or	"Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		21
	-14-	23
		£3;
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1023 FEB 21 MH 10: 2
		Ö
		28
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent. I am fai		
	-file Design of Louisian Columbia	
Σt_i	gnature of New Registered Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee. C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the Y and S. These should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John D V Mike Je SV Sally S	<u>ones</u>	
Type of Action (Check One)	Title	Name	Address
1) Change Add	<u>P</u>	GRACE'S MANOR, LLC	4500 DOWNERS DRIVE DOWNERS GROVE, IL 605.65
 X Remove 2) Change X Add 	<u>P</u>	PETER J. BRENNAN	4500 DOWNERS DRIVE TO DOWNERS GROVE, IL 60515
Remove 3) Remove Add Remove			28
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or additional shee		icles, enter change(s) here: (Be specific)	
		FOR WHICH THIS CORPORATION IS O	
COUNTY, FLORIDA, T	O BE SPECIFICA	ALLY DESIGNATED BY CORPORATION	

		
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The date of each amendment(s) adoption: date this document was signed.		. if other than the
Effective date if applicable:	o more than 90 days after amendment file date)	
	not meet the applicable statutory filing requirements, this date will not be	e listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)	

F Dated _	EBRUARY 16, 2023
Signature	I ta Breau
h	y the chairman or vice chairman of the board, president or other officer-if directors ave not been selected, by an incorporator – if in the hands of a receiver, trustee, or ther court appointed fiduciary by that fiduciary)
	PETER J. BRENNAN
	(Typed or printed name of person signing)

(Title of person signing)