

M22000012452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone#)

PICK-UP WAIT MAIL

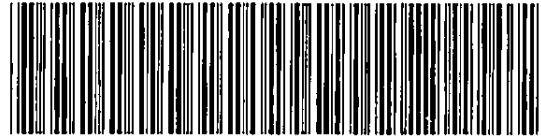
(Business Entity Name)

(Document Number)

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CT CORP
(850)656-4724
3458 Lakeshore Drive,
Tallahassee, FL 32312

Date: 05/03/2023

Acc#I20160000072

an: e D/W

Name:	CAPRI703, LLC
Document #:	
Order #:	14915567

Certified Copy of Arts & Amend:	<input type="checkbox"/>	
Plain Copy:	<input type="checkbox"/>	
Certificate of Good Standing:	<input type="checkbox"/>	
Certified Copy of	<input type="checkbox"/>	
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:
		Number of Certs:

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Email Address for Annual Report Notifications:

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Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **55.00**

Thank you!

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: Capri703 LLC

Enter new principal office address, if applicable: 444 W Lake Street, Suite 2000, Chicago, IL 60606

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 444 W Lake Street, Suite 2000, Chicago, IL 60606

(Mailing address MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M22000012452

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 08/09/2022

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

5. 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.")

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: C T Corporation System

New Registered Office Address: 1200 South Pine Island Road Enter Florida Street Address

Plantation Florida 33324 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.

Assistant Secretary If Changing Registered Agent, Signature of New Registered Agent

FILED 08/09/2022 PH 12:36 DEPARTMENT OF STATE TALLAHASSEE, FL

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

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<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.

Diane P. Stewart
Signature of the authorized representative

Authorized Person of Travers Trust Company LLC, Member

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2023-11-03 PM 12:36
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TALLAHASSEE, FL