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B. BOSTICK

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EXAMINER

CORPORATE ACCESS, _

[]When you need ACCESS to the world[]

INC.

236 East 6th Avenue . Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

		WALK IN	
	PICK UP: CERTIFIED COPY	2/22	
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((CORPORATE NAME AND DOCUMENT#)	ities II, LLC	
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PECIAL ISTRUC	ΓΙΟΝS:		

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

Preferred Equities II, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fcc(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kevin A. Denti, Esquire

Name of Person

Kevin A. Denti, P.A.

Firm/Company

2180 Immokalee Road - Suite #316

Address

Naples, Florida 34110

City/State and Zip Code

kdenti@dentilaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin A. Denti, Esquire

.,239、260-8111

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

☐ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Preferred Equities II, LLC			
(Name of the Lim	(A Florida Limited	tny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I Florida document number L01000013121	Liability Company	were filed on August 7, 2001	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	_	ility company bere	
A. If amending name, the property name	or the minea map	MILT COMPANY NOIS.	
The new name must be distinguishable and end with the	words "Limited Liab	pility Company," the designation "LLC" or the al	breviation "L.L.C."
Enter new principal offices address, if applicable:		111 W. Washington Street	
(Principal office address MUST BE A STREET ADDRESS)		Suite #845	
		Chicago, IL 60602	
			1-2 DI
Enter new mailing address, if applicable:		111 W. Washington Street	
(Mailing address MAY BE A POST OFFICE	BOX)	Suite #845	<u>ت</u> س
		Chicago, IL 60602	<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	office address her		he name of the new
New Registered Office Address:	2180 lmmo	kalee Road - Suite #316	_
		Enter Florida street address	
	Naples	, Florida <u>34</u>	110
	.	City	Zip Code
New Registered Agent's Signature, if changing I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	ed agent and agr per and complete istered agent as p registered office change.	ee to act in this capacity. I further agree performance of my duties, and I am for provided for in Chapter 605, F.S. Or, it address, I hereby confirm that the lim	miliar with and if this document is ited liability
	If Chat	aging Registered Agent, <u>Signature of New Reg</u>	istered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u>itte</u>	<u>Name</u>	Address	Type of Action
MBR	SMA II, LP	111 W. Washington Street - Suite #84	5 _■ Add
		Chicago, Illinois 60602	□ Remove
·····			Add
			□ Remove
			□ Remove
			Add
			_O Remove
			_ 5/250 251 _□ Add (-) A
	·		_□ Remove:
			□ Add
			_□ Remove

• •	on, enter change(s) here: (Attach a	
Article IV is being amend	ded to reflect that LLC shall be	a member-managed enti
	· · · · · · · · · · · · · · · · · · ·	
	be prior to date of receipt or filed date and c	(optional)
date this document is filed by the Florid		
_{∞d} February 24	2014	
	11.1.10+	· =
Sig	gnature of a member or authorized represe	ntative of a member
Sig	gnature of a member or authorized represe	ntative of a member

Page 3 of 3

Filing Fee: \$25.00

2014 FEB 25 A ID: 35