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11 JUN 24 F.H 3: 31
SEDRILLAND GA STATE
TALLAHASSEEL FLORIDA

B. BOSTICK
JUN 2 7 2011
EXAMINER

COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT: Prefer	res Equities : Name of Lin	II, LLC nited Liability Company			
	Amendment and fee(s) are sundence concerning this matte	-			
	Jimt	Name of Person			
	DAK Str	Firm/Company			
		MADISON St. Suite			
	Lucia	City/State and Zip Code O DAKST Let MGM7 The used for future annual report notifica		TACL SEC	
For further information co	E-mail address: (to be used for future annual report notifica	tion)	11 JUN 24 SEUNE ART S	modeline Comments Marketine
Jim Hennesser Name of	lGrson	at (312) 373 - 722 Area Code & Daytime T	S elephone Number	PH 3: 31	e Silver
Enclosed is a check for the	•			Þ	
∑ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing I Certificate of Certified Cop (additional co	f Status &	

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 Eur (Name of the Limited Lini (A Flor	ities II bility Company rida Limited Lia	LLC as It now apper bility Company	ars on our recor	:ds.)		
The Articles of Organization for this Limited Liability Florida document number LOI 0000 1312 1		vere filed on	8/7/2001	AII SEL	id assign	ned
This amendment is submitted to amend the following				NE LAK	JUN 24	200
A. If amending name, enter the new name of the				EE. FL	Р З	
The new name must be distinguishable and end with the "L.L.C."	words "Limited	l Liability Com	oany," the design	ation "LLO" or	the abbi	reviation
Enter new principal offices address, if applicables (Principal office address MUST BE A STREET AL	•	70 W.	MADISON	54 STE	572	.0
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2 .	10 W.	MADISON 1L 6	0602	57	<u>し</u>
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered offic address here:	e address on	our records, g	enter the nan	ne of th	ie new
Name of New Registered Agent:	KEVIN	A. De	Mt: P.A	•		
New Registered Office Address:	2180		lee Roa		#311	<u> </u>
	Naples		, Flori		Code	
New Registered Agent's Signature, if changing Registe	ered Agent:	•		7		

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 608, 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

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

MGR = Manager
MGRM = Managing Member

<u>Title</u> Name <u>Address</u>

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u> Метвел</u>	SMA II LP	70 W. MADISON ST STE 5720 Chicago 12 60602	Add Remove
			Add Remove
			Add Remove
			Add
			Add
			Add Remove
D. If amendi	ng any other information, enter chang	e(s) here: (Attach additional sheets, if necessa	ry.)
			JALL HAZ
Dated	nue 16, Zol		- P [7]
	() Jim Helande	or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00