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PICK-UP	WAIT	MAIL			
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Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:	LIAIT			
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EXAMINER					

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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	Sandlake Residences, LLC Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Victoria Gouletas
	American Invsco
	182 W. Lakest., Ste200 Address Chicago, IL U0001
	Chicago IL U0001 City/State and Zip Code Thereso, her no l@ american invs. Co. Bet To E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	Theresa Bernal at 312 595-41645 Name of Person Area Code & Daytime Telephone Number
ΔŽ	sed is a check for the following amount: 5.00 Filing Fee \$\Bigsup 30.00 Filing Fee & Bigsup B

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

(Name of the Limited Liability Comparing (A Florida Limited L	Residences ny as it now appears on our re iability Company)	ecords.
The Articles of Organization for this Limited Liability Company Florida document number	بالما	and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	ility company here:	SECULISMA SECULI
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Company," the de	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	18a W. (Chicago,	ake st, ste 2000 , IL 100601
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	182 W. I Chicago,	arest, ste 200
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		is, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Floride	a street address
	, 1	Florida Zip Code
	City	zip Coae

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 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 = M	anaging Member					
<u>Title</u>	<u>Name</u>		Address			Type of Action
MGR	SE6 Sano	<u>llake Con</u> sult	ants,Inc.	182 W. Lak Suite 200 Ehicago	g St. ,1C6060	_□ Add Remove
M6R		y Invsco, In	7 6	W. Lakes	t.	Add Remove
MGR 1	Mortgage Fi	anding Consul	tants, Inc.	182 W. W. Co.	Kest.	Add Remove
					7.5 cr	Add Remove
					SELECTION OF THE PROPERTY OF T	APPR TO Add PRemove T
D. If amend	ling any other infor	mation, enter change(s	s) here: (Attack	h additional sheets, if	necessary.)	Add Remove
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	3/20/	0010				- -
Dated	- Vist	Signature of a member of	Te .	1	itanı (of Manager
		• •	printed name of	signee) OCUT	<u> </u>	VI TAIMINACI
			Page 2 of 2		i/	

Filing Fee: \$25.00