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| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| (Document Number)                       |
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| Special Instructions to Filing Officer: |
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DIVISION OF CORP. ATTOM

## **COVER LETTER**

| TO:                   | Registration Section<br>Division of Corpora      |  |                    | í                                       | <b>3</b>                               |  |
|-----------------------|--|--|--------------------|---|--|--|
| CIID II               | FCT.   | SIN  | MA I. LLC          |   |  |  |
| SUBJI                 |  |  |                    | · ( ) · · · · · · · · · · · · · · · · · |  |  |
| The en                | closed Articles of Ame                           | ndment and fee(s) are sub  | mitted for filing. |   |  |  |
| Please                | return all corresponden                          | ce concerning this matter  | to the following:  |   |  |  |
|                       | _  |  | Gary J. Stern      |   |  |  |
|                       |  |  | Name of Person     |   |  |  |
|                       |  |  | Stahl Cowen LLC    |   |  |  |
|                       |  |  | Firm/Company       |   |  |  |
|                       | SIMA I, LLC    Name of Limited Liability Company |  |                    |   |  |  |
|                       |  |  | Address            |   |  |  |
|                       |  |  | Chicago, IL 60603  |   |  |  |
|                       |  | Name of Limited Liability Company  ed Articles of Amendment and fee(s) are submitted for filing.  m all correspondence concerning this matter to the following:    Gary J. Stern |                    |   |  |  |
| gstern@stahlcowen.com |  |  |                    |   |  |  |
| For fur               | ther information conce                           |  |                    | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |  |
|                       | Gary   | J. Stern   | at ( 312 )         | 377-                                    | 7870                                   |  |
|                       | Name of Pers                                     | on   |                    | Daytime Telep                           | hone Number                            |  |
| Enclos                | ed is a check for the fol                        | lowing amount:   |                    |   |  |  |
| \$25                  | 5.00 Filing Fee                                  |  | Certified Copy     | enclosed)                               | Certificate of Status & Certified Copy |  |
|                       | MAILING  | ADDRESS:   | STREET/0           | COURIER AI                              | ODRESS:                                |  |

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATION:

10 NOV 29 PH 12: 01

| SIM   |  |                           |                         |
|---|--|---------------------------|-------------------------|
| (Name of the Limited Liability Co.<br>(A Florida Limi   | mpany as it now appe                         | ars on our records.)      |                         |
| (A Florida Limi   | ted Liability Company                        | ,<br>į                    |                         |
| The Articles of Organization for this Limited Liability Comp  | oany were filed on                           | May 19, 2009              | and assigned            |
| Florida document numberL0900048461  |  |                           |                         |
| This amendment is submitted to amend the following:   |  |                           |                         |
| A. If amending name, enter the new name of the limited  | liability company h                          | e <u>re</u> :             |                         |
| The new name must be distinguishable and end with the words "L.L.C."  | Limited Liability Com                        | pany," the designation "L | LC" or the abbreviation |
| Enter new principal offices address, if applicable:   |  |                           |                         |
| (Principal office address MUST BE A STREET ADDRESS  | <u>S)</u>                                    |                           |                         |
|   |  |                           |                         |
| Enter new mailing address, if applicable:   | 55 W. Monr                                   | oe St., Suite 1200        |                         |
| (Mailing address MAY BE A POST OFFICE BOX)  | Chicago, IL 60603                            |                           |                         |
|   |  |                           |                         |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address |  | our records, enter t      | he name of the new      |
|   |  |                           |                         |
| Name of New Registered Agent:   |  |                           |                         |
| New Registered Office Address:  | <u>,                                    </u> |                           | <del></del>             |
|   | E  | Inter Florida street addi | ress                    |
|   | Cin  | , Florida                 | Zip Code                |
|   | City   |                           | Lip 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

| <u>itle</u> | <u>Name</u>  | Address   | Type of Action      |
|-------------|--|---|---------------------|
| <del></del> |  |   | Add<br>Remove<br>   |
|             | Application of the second of t |   | Add<br>Remove       |
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| . If amen   | ding any other information, enter cha  | ange(s) here: (Attach additional sheets, if necessary.) | SECRETARY TO NOV 29 |
| _           |  |   | 9 PHZ: 01           |
| ated        | ,  | 2010  | <u> </u>            |
|             |  | Cecous v Patel  |                     |
|             | Signature of a mem   | ber or authorized representative of a member            |                     |

Page 2 of 2

Filing Fee: \$25.00