Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: HADDOCK PROFESSIONAL ASSOCIATION Account Name

Account Number : 120010000146 Phone

: (407)571-3900

Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SC CONVERSE, LLC

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B. KOHR

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Corporate Filing Menu

Help

COVER LETTER

	on Section f Corporations		<i>₽.</i> .c		
SUBJECT:		onverse, LLC	10010		
			10		
The enclosed Articl	es of Amendment and fee(s) are su	bmitted for filing.	7 5		
Please return all cor	respondence concerning this matte	r to the following:			
		Kelley Lynch			
		Name of Person			
	-	Firm/Company			
523 W. Old Northwest Highway, Ste. 201					
City/State and Zip Code					
	klyn E-mail address: (ch@stoneleighcos.com to be used for future annual report notific	cation)		
For further informat	ion concerning this matter, please of	·	,		
Kelley Lynch		at (224_)	770-4600		
N	ame of Person	Area Code & Daytime	Telephone Number		
Enclosed is a check	for the following amount:				
\$25.00 Filing Fe	e \$\int_\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate 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

SC Converse, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for	this Limited Liability Comp	any were filed on	Sept. 21, 2011	and assigned	
Florida document number	L11000108293				
This amendment is submitted to	unend the following:				
A. If amending name, enter the	new name of the limited	liability company he	<u>re</u> :		
The new name must be distinguisha "L.L.C."	ble and end with the words "L	imited Liability Comp	eany," the designation "LL	.C" or the abbreviation	
Enter new principal offices add	ress, if applicable:				
(Principal office address MUST	<u>BE A STREET ADDRESS</u>	<u> </u>			
Enter new mailing address, if a	oplicable:				
(Mailing address MAY BE A PO	-				
		· · · · · · · · · · · · · · · · · · ·		- <u> </u>	
B. If amending the registered registered agent and/or the new	l agent and/or registered registered office address l	office address on energy	our records, enter the	e name of the new	
Name of New Registere	l Agent:				
New Registered Office	Address:				
·		Enter Florida street address			
		Citv	, Florida	Zin 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 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

Page 1 of 2

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 Title <u>Name</u> <u>Address</u> Type of Action **MGRM** SC Converse Investors, LL 523 W. Old Northwest Highway, Ste. 24 Add Barrington, IL 60010 Stoneleigh Manager SCC MGR 523 W. Old Northwest Highway, Ste. 26 7 Add Barrington, IL 60010 ☐ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 14 Signature of a member of authorized representative of a member

Typed or printed name of signee
Page 2 of 2

Richard F. Cavenugh,

Filing Fee: \$25.00