

Division of Corporations

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L11000109394

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000027171 3)))



H130000271713ABCW

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : STONELEIGH COMPANIES, LLC
Account Number : I20120000016
Phone : (224)770-4600
Fax Number : (224)770-4609

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DIVISION OF CORPORATIONS
2013 FEB -4 AM 7:56

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

Email Address: hlunch@stoneleighcs.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SC MF CONVERSE 2, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$60.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
FEB -5 2013
EXAMINER

H130000271713
COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stoneleigh Manager SCAD, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

Kelley Lynch
Name of Person
Stoneleigh Companies, LLC
Firm/Company
760 W. Main Street, Suite 140
Address
Barrington, IL 60010
City/State and Zip Code
klynch@stoneleighcos.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 FEB -4 PM 4:42

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For further information concerning this matter, please call:

Kelley Lynch at (224) 770-4600
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

H130000 271713
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SC MF Converse 2, 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 Company were filed on September 23, 2011 and assigned Florida document number L11000109394.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Stoneleigh Manager SCAD, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

760 West Main Street

Suite 140

Barrington, IL 60010

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

760 West Main Street

Suite 140

Barrington, IL 60010

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TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

City

Zip 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

H1300002717P3

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	Name	Address	Type of Action
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Four horizontal lines for amending information.

Dated January 30, 2013

Signature of a member or authorized representative of a member

[Handwritten Signature]
Richard F. Cavenaugh

Typed or printed name of signee

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Filing Fee: \$25.00

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