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| Certified Copies | _ Certificates | s of Status | | |
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| Special Instructions to | Filing Officer: | | | |
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Office Use Only



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COVER LETTER

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|--|------------------------------------|--|---|---|
| SUBJECT: Stoneleigh Manager SCM2, LLC | | | | |
| COLG | | | ted Liability Company | |
| The en | closed Articles of | Amendment and fee(s) are sub | emitted for filing. | |
| Please | return all correspo | ondence concerning this matter | to the following: | |
| | | Kelley Lynch | | |
| | | | Name of Person | |
| Stoneleigh Companies | | neleigh Companies, LLC | | |
| Firm/Company | | Firm/Company | | |
| 523 W. Old Northwest Highway, Ste. 201 | | | te. 201 | |
| Address | | | | |
| | | ! | Barrington, IL 60010 | |
| | | • | City/State and Zip Code | |
| | | klyn | ch@stoneleighcos.com | antification) |
| F 6 | 4h : Co | | | ionneation |
| ror iui | ther information (| concerning this matter, please o | aii. | |
| | | elley Lynch | at (224) | 770-4600 |
| | Name o | of Person | Area Code & Day | ytime Telephone Number |
| Enclos | ed is a check for t | he following amount: | | |
| \$25 | 5.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclo | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Regist Divisi P.O. B | LING ADDRESS: ration Section on of Corporations Box 6327 assee, FL 32314 | Registration Se Division of Co Clifton Buildin | rporations |

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

12 MAY 31 AM 10: 26

| SC MF Midla (Name of the Limited Liability Compa (A Florida Limited L | and 2, LLC SECICE TALL AP TO AS It now appears on our records. Liability Company) | TARY OF STATE HASSEE, FLORIDA |
|---|--|----------------------------------|
| The Articles of Organization for this Limited Liability Company Florida document numberL11000109432 | were filed on September 26, 2 | 011 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: | |
| Stoneleigh Manag | ger SCM2, LLC | |
| The new name must be distinguishable and end with the words "Limi"L.L.C." | ited Liability Company," the designation | "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | 523 W. Old Northwest Highv | vay |
| (Principal office address MUST BE A STREET ADDRESS) | Suite 201 | |
| | Barrington, IL 60010 | |
| Enter new mailing address, if applicable: | 523 W. Old Northwest Highy | vay |
| (Mailing address MAY BE A POST OFFICE BOX) | Suite 201 | |
| | Barrington, IL 60010 | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address: | | nddress |
| | 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 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 = Ma MGRM = M | nager Aanaging Member | | |
|----------------------|---------------------------------------|---|--|
| <u>Title</u> | Name | Address | Type of Action |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amen | ding any other information, enter cha | ange(s) here: (Attach additional sheets, if necessa | iry.) |
| | | | FILED 12 MAY 31 AM 35 GWL 1 AM 1 ALLAMASSEE, F |
| Dated | May 24 | 2012 | TB AH ID: 26 OF STATE E, FLORIDA |
| | Signature of a men | nber of authorized representative of a member | |
| | R | Richard F. Cavenaugh | |
| | Ту | ped or printed name of signee | ···· |

Page 2 of 2

Filing Fee: \$25.00