· L11000109436

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
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COVER LETTER

TO:	Registration Se Division of Co	ection rporations				
SUBJ						
	<u></u>	Name of Limi	ted Liability Company			
The e	nclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.			
Please	e return all correspond	ondence concerning this matter	to the following:			
		Kelley Lynch				
		Name of Person				
5		Stor	neleigh Companies, LLC			
-			Firm/Company			
523 W. Old Northwest I			d Northwest Highway, S	Ste. 201		
Address						
Barrington II			Barrington, IL 60010			
			City/State and Zip Code			
klynch@sto			ch@stoneleighcos.com to be used for future annual report	notification)		
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:						
	L/	Colley Lypob	. 224	770-4600		
		Celley Lynch of Person	at (224) Area Code & D	aytime Telephone Number		
		the following amount:				
□ \$2	25.00 Filing Fee	▼\$30,00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	S60.00 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/CO Registration S	DURIER ADDRESS: Section			
		30x 6327	Division of C Clifton Build	orporations		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

12 MAY 31 AM 10: 23

Midland Part	ners V, LLC	ords.)	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our rec Liability Company)	ords.)	
The Articles of Organization for this Limited Liability Company Florida document numberL11000109431	were filed on September	26, 2011 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 Mar	<u> </u>		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the design	gnation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	523 W. Old Northwest	Highway	
(Principal office address MUST BE A STREET ADDRESS)	Suite 201		
	Barrington, IL 60010		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	523 W. Old Northwest I	Highway	
Muung uuuress mar BE a 1 051 01 11CE BOX	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:	ffice address on our records	•	
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

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 = N	nnager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			□ Damoua
			Add Remove
			= ~
			Add Remove
			Demove
D. If amen	ding any other information, en	ter change(s) here: (Attach additional sheets,	if necessary.)
- - -			TE MAY 31 AM N
Dated	May 24	2012	AM 10: 23 FLORIDA
	Signature ö	Ta member or authorized representative of a member	per
		Richard F. Cavenaugh Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00