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K.SALY EXAMINER JUL 11 2012

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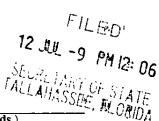
TO: Registration So Division of Co			
SUBJECT:	3985 FOUN	DERS CLUB, LLC	
		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jo	seph M. Herbert, Esq.	
	203	3 Main Street, Suite 600	
		Address	
	Sa	arasota, Florida 34237	
		City/State and Zip Code	
	jhe	rbert@icardmerrill.com to be used for future annual report notifica	tion)
For further information		·	won,
For turiner information of	concerning this matter, please o	all.	
	eph M. Herbert		66-8100
Name o	of Person	Area Code & Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
МАП	INC ADDRESS	STREET/COURIE	R ADDRESS:

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



3985 FOUNDERS CLUB, 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 Compa	ny were filed on	5/29/2012	and assigned		
Florida document number <u>L12000072017</u> .					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lin	ability company he	<u>re</u> :			
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Comp	any," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
[Matting dataress MAT BE A FOST OFFICE BOA]					
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		our records, <u>enter t</u>	he name of the new		
Name of New Registered Agent:					
New Registered Office Address: Enter Florida street address					
	, Ftorida				
	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 = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	CJR Properties, LLC	321 North Monroe Street Hinsdale, IL 60521	Add Remove
MGRM	CJR Revord Properties, LLC	321 North Monroe Street Hinsdale, IL 60521	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	nding any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_
			<u> </u>
_			
Dated)1/1X		
	Joseph	or authorized teptesentative of a member h M. Herbert, Esq. or printed name of signee	

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Filing Fee: \$25.00