

L 10000043598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

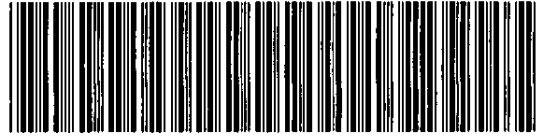
Special Instructions to Filing Officer:

Office Use Only

**B. KOHR**

NOV 16 2011

**EXAMINER**



600214040296

RECEIVED  
11 NOV 16 PM 1:51  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 NOV 16 PM 3:47



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195  
REFERENCE : 982597 4320946

AUTHORIZATION

COST LIMIT \$ 25.00

*Stephanie Milnes*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 NOV 16 PM 3:47

ORDER DATE : November 16, 2011  
ORDER TIME : 12:14 PM  
ORDER NO. : 982597-010  
CUSTOMER NO: 4320946

DOMESTIC AMENDMENT FILING

NAME: JPMCC 2006-LDP6 CENTRAL CAPE  
OFFICE, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stephanie Milnes -- EXT# 2920

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 NOV 16 PM 3:47

JPMCC 2006-LDP6 Central Cape Office, 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 4/22/2010 and assigned Florida document number L10000043598

This amendment is submitted to amend the following:

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

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: c/o CWCapital  
(Principal office address MUST BE A STREET ADDRESS) 7501 Wisconsin Avenue, Suite 500 West  
Bethesda, MD 20814

Enter new mailing address, if applicable: c/o CWCapital  
(Mailing address MAY BE A POST OFFICE BOX) 7501 Wisconsin Avenue, Suite 500 West  
Bethesda, MD 20814

**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)

**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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LNR PARTNERS, LLC.	1601 WASHINGTON AVENUE SUITE 700 MIAMI BEACH FL 33139	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
		SEE ATTACHMENT	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated November 8, 2011

Sheena Thomas  
 Signature of a member or authorized representative of a member

Sheena Thomas, Authorized Person  
 Typed or printed name of signee

**ATTACHMENT**

**FLORIDA ARTICLES OF AMENDMENT  
TO ARTICLES OF ORGANIZATION OF**

**JPMCC 2006-LDP6 Central Cape Office, LLC**

**Sole Member/Manager's Name**

Wells Fargo Bank, N.A., as trustee for the registered holders of J.P. Morgan Chase Commercial Mortgage Securities Corp., Commercial Mortgage Pass-Through Certificates, Series 2006-LDP6

**Member/Manager's Address**

c/o CWCapital Asset Management, LLC  
7501 Wisconsin Avenue, Suite 500 West  
Bethesda, MD 20814