8502227615

CT CORP

PAGÉ 01/03

Page 1 of 1

Division of Corporations

## Florida Department of State

**Division of Corporations** Public Access System

**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.

(((H06000184781 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 Phone

: (850)222-1092 Fax Number : (850)878-5926

	C AMNE	/RESTATE/CORRECT OR M/MG RESIGN CITISTREET ASSOCIATES LLC			
~	L 2	Certificate of Status	0		
JUL 90	MOISL	Certified Copy	0		
90	Ž	Page Count	03		
	C.	Estimated Charge	\$25.00		

Electronic Filing Menu

Corporate Filing Menu

Help

7/20/2006

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

### SECTION 1 (1-3 must be completed)

1,	Name of limited liability company as it appears on the records of the Florida Department of State: CITISTREET ASSOCIATES LLC	út		
2.	Jurisdiction of its organization: Delaware			
	Date authorized to do business in Florida: 3/7/2000			
	SECTION II (4-7 complete only the applicable changes)			
4.	If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 4/17/2006	<u>-</u> 100 <b>-</b>	2	
5.	New name of the limited liability company:	ECK!	, =	
	MetLife Associates LLC	HE I	L 20	
6.	If the amendment changes the period of duration, indicate new period of duration:	SSEE, F	Ŧ	
7.	If the amendment changes the jurisdiction of organization, indicate new jurisdiction:	LORIDA	8: 32	
8.	If the amendment corrects any false statement, indicate the statement being corrected and the correction:			
9.	Attached is an original certificate, no more than 90 days old, evidencing the aforement amendment(s), duly authenticated by the official having custody of records i jurisdiction under the law of which this estity is organized.  Signature of a member or the authorized representative of a member	oned n the		
	Typed or printed fairne of signee			

Filing Fee: \$25.00

4 Sec.



### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DRIAMARE, DO HEREBY CERTIFY THAT THE SAID "CITISTREET ASSOCIATES LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "METLIFE ASSOCIATES LLC", THE SEVENTEENTH DAY OF APRIL, A.D. 2006, AT 5:21 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



0825370 8320 060637308

AUTHENTICATION: 4875219

DATE: 07-03-06