

MO6000006625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

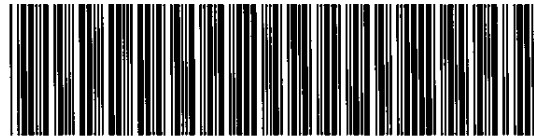
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/20/06--01007--003 **60.00

FILED

06 DEC 20 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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06 DEC 20 AM 9:48

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

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06 DEC 20 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONTACT: **RICKY SOTO**

DATE: **12/20/2006**

REF. #: **000409.61641**

CORP. NAME: **MSKP RAMBLEWOOD, LLC**

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input checked="" type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# _____ FOR \$ 60.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$ _____**

PLEASE RETURN:

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input checked="" type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

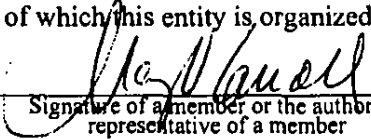
FILED
06 DEC 20 AM 10:09
CLERK OF STATE
TALLAHASSEE, FLORIDA

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: MSKP RAMBLEWOOD, LLC
2. Jurisdiction of its organization: DELAWARE
3. Date authorized to do business in Florida: NOVEMBER 30, 2006

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? DECEMBER 19, 2006
5. New name of the limited liability company: MSKP RAMBLEWOOD SQUARE, LLC
6. If the amendment changes the period of duration, indicate new period of duration:
N/A
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
N/A
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: N/A
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of a member or the authorized
representative of a member

MARY V. CARROLL, ESQ., AUTHORIZED SIGNER
Typed or printed name of signee

Filing Fee: \$25.00

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "MSKP RAMBLEWOOD, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "MSKP RAMBLEWOOD SQUARE, LLC", THE NINETEENTH DAY OF DECEMBER, A.D. 2006, AT 6:53 O'CLOCK P.M.

4251309 8320

061165796



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5294139

DATE: 12-19-06