

#A23009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

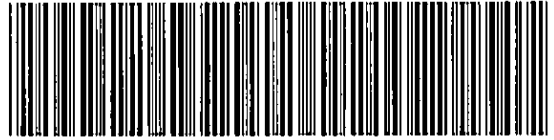
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



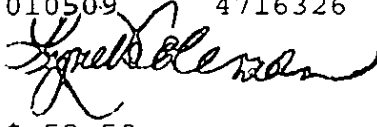
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JAN - 8 AM 10:55

RECEIVED
2018 JAN - 8 PM 4:39
TALLAHASSEE, FLORIDA

K SALY
JAN - 9 2018

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 010509 4716326
AUTHORIZATION : 
COST LIMIT : \$ 52.50

ORDER DATE : January 8, 2018
ORDER TIME : 3:03 PM
ORDER NO. : 010509-005
CUSTOMER NO: 4716326

FOREIGN FILINGS

NAME: CORPORATE PROPERTY ASSOCIATES
6 - A CALIFORNIA LIMITED
PARTNERSHIP

CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

**AMENDMENT TO CERTIFICATE OF AUTHORITY
FOR
FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

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1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:
CORPORATE PROPERTY ASSOCIATES 6 - A CALIFORNIA LIMITED PARTNERSHIP

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: _____

2. The jurisdiction of its formation is: CA

3. The date the entity was authorized to transact business in Florida is: 8/5/86

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

5. If the amendment changes the general partner(s), list the name and business address of each general partner:
Name: Business Address:

<u>Carey Management LLC</u>	<u>50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020</u>	<input type="checkbox"/> Add
_____	_____	<input type="checkbox"/> Remove
_____	_____	<input checked="" type="checkbox"/> Change
_____	_____	<input type="checkbox"/> Add
_____	_____	<input type="checkbox"/> Remove
_____	_____	<input type="checkbox"/> Change
_____	_____	<input type="checkbox"/> Add
_____	_____	<input type="checkbox"/> Remove
_____	_____	<input type="checkbox"/> Change
_____	_____	<input type="checkbox"/> Add
_____	_____	<input type="checkbox"/> Remove
_____	_____	<input type="checkbox"/> Change

6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

- The entity elects to be a limited liability limited partnership.
- The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, 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.

10. Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature of a general partner:

 /s/ Robin Gersten

Typed or printed name:

Robin Gersten

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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