

#A23009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

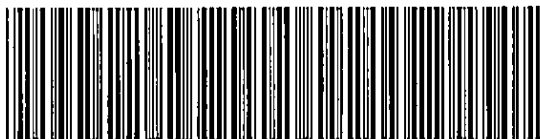
(Business Entity Name)

(Document Number)

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

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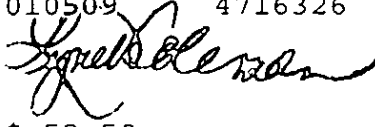
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 JAN - 8 AM 10:55

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**

FILED  
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DIVISION OF CORPORATIONS  
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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: \_\_\_\_\_

3. 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:

Carey Management LLC

50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020

☐ Add

☐ Remove

☒ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

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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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DIVISION OF CORPORATIONS  
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