L05000070749

	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UF	P WAIT MAIL			
	(Business Entity Name) -			
(Document Number)				
Certified Copies	Certificates of Status			
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SECRETARY OF STATE
ALLAHASSEE ELOPIDA

T. HAMPTON

SEP - 3 2008

EXAMINER

COVER LETTER

	Registrat Division				
SUBJEC	T:	CND LI	.C		
502020		1.7		ited Liability Company)	
			mendment and fee(s) are sub		`
Please ret	turn all co	orrespond	lence concerning this matter	to the following:	
			Chris H. Da	mpier	·
				(Name of Person)	
				•	
				(Firm/Company)	·
				(Title Company)	
			610 SW Duck	cett Court	
				(Address)	
			Lake City,	Florida 32024	
				(City/State and Zip Code)	
For further	er inform	ation cor	cerning this matter, please c	call:	
к	arena	Crev	/S	at (386) 867-5000	
	. ((Name of	Person)	(Area Code & Daytime T	Felephone Number)
Enclosed	is a chec	k for the	following amount:		
₫ \$25.00	0 Filing F	Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Registrat	. IG ADDRESS: ion Section of Corporations	STREET/COURIER Registration Section Division of Corporation	-
		P.O. Box		Clifton Building 2661 Executive Cente	

Tallahassee, FL 32301



RECEIVED

08 SEP - 2 AM 9: 57

SECRETARY OF STATE TALLAHASSEE, FLORIDA

August 6, 2008

CND LLC 610 SW DUCKETT CT LAKE CITY, FL 32024

SUBJECT: CND, LLC

Ref. Number: L05000070749

We have received your document for CND, LLC and check(s) totaling \$516.25. However, the document has not been filed and is being retained in this office for the following reason(s):

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 008A00044798

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEC	80	
SECRETARY (SEP -2	711
F 3.	*	
TATE	<u>2</u>	

CND LLC	•	REAL DE
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	≽″ σ ω
The Articles of Organization for this Limited Liability Company v	were filed on 07/12/05	and assigned
Florida document number <u>L05000070749</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
CND PARTNERS, LLC		
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	610 SW Duckett Cour	t
(Principal office address MUST BE A STREET ADDRESS)	Lake City, Florida	32024
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		· ·
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here		r the name of the new
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 Title Name **Address** Type of Action MGRM Columbia Investment Propertie, LLC 1353 SE Loquat Way X Add Lake City, Florida 32025 Remove Remove **f** Add Remove Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2008 August 29 Dated a member or authorized representative of a member Karena J.

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00