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## L08000096720

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## **COVER LETTER**

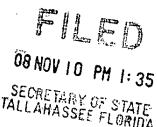
TO: Registration Section Division of Corporations						
SUBJECT: CRPIT - Tarpon Springs LLC (Name of Limited Liability Company)						
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Sara Delaney  (Name of Person)  Forge Capital Partners  (Firm/Company)  102 W Whiting St, Suite 600  (Address)  Tampa, A 33602  (City/State and Zip Code)						
For further information concerning this matter, please call:						
Sava L Delaney at (813) 574-6762  (Name of Person) (Area Code & Daytime Telephone Number)						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)						

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## `ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CRPII - TO	arpon <	prings,4	C - LURIDA
(Name of the Limited Li (A FI	orida Limited Lial	oility Company)	our records.)
The Articles of Organization for this Limited Liab Florida document number LO8000094	ility Company w	ere filed on <u>OC+O</u>	27 14 2008 and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	e limited liabilit	ty company here:	
η   α The new name must be distinguishable and end with the			
The new name must be distinguishable and end with the L.L.C."	he words "Limited	Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicabl	le:	nla	
Principal office address MUST BE A STREET	ADDRESS)	•	
	-		
		•	
Enter new mailing address, if applicable:	-	nja	
Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered offic		e address on our i	ecords, enter the name of the new
Name of New Registered Agent:	nja		
New Registered Office Address:	nla		
		(Enter 1	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>M6RM</u>	Robert Moreyra	Manager 102 w whiting St Suite 600 Tampa, re 32602	Add Remove
Mbk	CRP    Partne	15, LLC 102 w whiting St Suite 600 Tampa, 12 33602	Add Remove
			Add Remove
			Add Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
			Add Remove
D. If a	mending any other information,	enter change(s) here: (Attach additional sheet	s, if necessary.)
			OB NOV 10 SECRETARY TALLAMASSI
Dated _	November 5		PM 1: 35 EFJORIDA
	Signatur	e of a member or authorized representative of a mer	nher
	Signature	Sara L Delaneu	
		Typed or printed name of signee	<del></del>

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Filing Fee: \$25.00