Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000084602 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092

Fax Number : (850)878-5368

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

WBCMT 2006-C29 PHILIPS HIGHWAY, LLC

Certificate of Status 0 Certified Copy 0 Page Count 03 Estimated Charge \$25.00

Corporate Filing Menu

APR 1 0 2009

Electronic Filing Menu

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2009 APR -9 AM 8: 34 SECRETARY OF STATE TALLAHASSEE. FLORIDA

WBCMT 2006-C29 Philips Highway, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

, (110112		
The Articles of Organization for this Limited Liability Florida document number L09000001936		09 and assigned
Piorita document sidnoct	 ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the will.L.C."	ords "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
•		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
·	F 15 51 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
B. If smending the registered agent and/or registered agent and/or the new registered office ad		records, enter the name of the new
Name of New Registered Agent:		,
New Registered Office Address:		
	(Enter 1	Florida street address)
		, Florida
	(Civ)	(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)

FILED

If amending the Munagers or Managing Mumbers on our records, enter the title, name, and address of each Manager or Managing Mumber being added or removed from nur records:

2009 APK - 9 AM 8: 34

MGR = Manager MGRM = Managing Member

SECRETARY OF STATE TALLAHASSEE. FLORIDA

<u>Title</u>	Name	Address	Type of Action
MGR	Helion AMC, TALC	Suite 1360 San Francisco, CA 94111	Radd □ Ramove
MGR	LNR PARTNERS, INC	1601 WASHINGTON AVENU Suite 700 Mismi Beach, Ft. 33139	E □ Add □ Remove
			Add Remove
	VIII		Add Remove
<u>,</u>			
			Add Remove
D, Kume	nding any other information, o	nter change(s) here: (Anach additional sheets, if	necessary.)
-			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
 	4/7/2009		· ·
<u></u>	John M. Signature	of a member or authorized representative of a member	
	John	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25,00