## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

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: (850)878-5368 Fax Number

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Rmail Address:	,	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LBUBS 2006-C6 PEMBROKE CAMPUS, LLC

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MAY 1 1 2013

A. LUNT

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## **COVER LETTER**

TO: Registration S Division of Co			
LBUBS 20	006-C6 PEMBROKE CAMPU	s, LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of	f Amendment and fec(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	2013 SEC TALL
	ROBIN KYLE		
		Name of Person	\$\frac{1}{2} \cdot \text{\$\frac{1}{2}}
	LBUBS 2006-C6 PEMBRO	OKE CAMPUS, LLC	
		Firm/Company	F= ( )
	5221 N. O'CONNOR BLV	D., SUITE 600	Q 58
		Address	
	IRVING, TX 75039		
		City/State and Zip Code	
	RKYLE@C3CP.COM		
	E-mail address: (i	o be used for future annual report notification	on)
For further information	concerning this matter, please c	all:	
ROBIN KYLE		972 868-538B	
Name	of Person	Area Code & Daytime Tel	lephone Number
Enclosed is a check for t	he following amount:		
□ \$25,00 Filing Pee	Q\$30.00 Filing Fee & Certificate of Status	O\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Case of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS; Registration Section Division of Corporations P.O. Box 6327 Tollahassee, 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

LRUBS 2006-C6 PEMBROKE CAMPUS LLC

(Name of the Limited Limbility Compa (A Florida Limited L	ly as if now appears on our re- lability Company)	rords.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on1/28/2	and assigned
This amendment is submitted to amend the following:		2013 HAY
A. If amending name, enter the new name of the limited liab	ility company here:	10 SSEE
The new name must be distinguishable and end with the words "Limi" L.L.C."	ted Liability Company," the desi	gnation "LIC" or the breviation
Enter new principal offices address, if applicable:	c/o C-III Asset Management l	TC 즐겁 점
(Principal office address MUST BE A STREET ADDRESS)	5221 N. O'Connor Blvd., Suit	e 600
	Irving, Texas 75039	
Enter new mailing address, if applicable:	c/o C-III Asset Management I	
(Mailing address MAY BE A POST OFFICE BOX)	5221 N. O'Connor Blvd., Suit	e 600
	Irving, Texas 75039	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:	lice address on our records g:	s, enter the name of the new
New Registered Office Address:		
	Enter Florida s	street address
<del></del>		orlda
	Clly	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

Page 1 of 3

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 = M MGRM =	MGR = Manager MGRM = Managing Member		
Title	Name	Address	Type of Action
MGR	LNR Partners, Inc.	1601 Washington Ave., Suite 700	
		Miaml Beach, FL 33139	Remove
MOR	C-III Asset Management LLC	5221 N. O'Connor Blvd., Suite 600	
	,	Irving, TX 75039	SS Remove
		<del></del>	
			Remove
			Add Remove
			Add Remove
			Add

lf amending any o	ther information, enter change(s) here: (Attach additional sheets, if necessary.)
<del>-</del>	
	**************************************
···	
d May 6	2013
_	Rowky
	Signature of a member of authorized representative of a member
	Robin Kyle, Authorized Representative
	Typed or printed name of signee

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Filing Fcc: \$25.00

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