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Division of Corporations Public Access System

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## PRINCIPAL FLORIDA/LENDER, LLC

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D. BRUCE

APR 9 2009

**EXAMINER** 

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Principal Floridis Lender, LLC			
Name of the Limited Liability Con (A Florida Limit	mpany us it new appears on our re- ted Liability Company)	urds.)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L09000015908</u>	pany were filed on 02/17/2009	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
SBAF Mortgage Fund I/Lender, LLC			
The new name must be distinguishable and end with the words "L.L.C."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	10 To September 1 To		
Enter new mailing address, if applicable: (Mailing address MAY RE A POST OFFICE BOX)		SECRETARY TALLAHASSE	09 APR -8
B. If amending the registered agent and/or registered registered agent and/or the new registered office address?	office address on our records		AE 8: 2
Name of New Registered Agent:		ōm .	డు.
New Registered Office Address:	(Enter Florida	street address)	
	,Pi	orida	
	(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 filled 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 Roylstered Agent)

Page 1 of 2

FLOD - CLOSSOFI C T Symmin Daller

If amending the Munagers or Munaging Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u>l'itle</u>	Name	<u>Vijd Lene</u>	Type of Action	
			Add Remove	
<del></del>			Add Remove 	
<del></del>			Add Remove	
			Add Remove	
			Add Runiove	
			Add COR	09 APR
D. If amen	ding any other information, enter ch	unge(s) here: (Attach additional sheets, if necessary.)		- - - - - - - - - - - - - - - - - - -
			ATE RIDA	23
		MEMBER/MANAGER: 09 STATE BOARD OF ADMINISTRATION OF FLORIDA,	_	
)pred	State of Plurida, As in-spanuot fi	a body corporate and governmental agency of fluctury and nominee for the Florido Refirement	System Trust Pund	ì
5	ly: of exten a rack earl of	nber or authorized representative of a member	<del></del>	

Filing Fee: \$25.00

FLQ51 - 05/22/2004 IF Y System Dalter

Approved as to legality:

Maureen M. Hazek Deputy General Counsel