

LD9000016333

Florida Department of State
Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**PRINCIPAL FLORIDA/HOLDING, LLC**

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09 APR -8 AM 8: 31

ARTICLES OF AMENDMENT TO
ARTICLES OF ORGANIZATION
OF

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Florida/Holding, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/18/2009 and assigned
Florida document number L09000016333

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/Holding, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Date:

MEMBER/MANAGER:
2009 STATE BOARD OF ADMINISTRATION OF FLORIDA,
of Florida, an investment company and a body corporate and governmental agency of the State of Florida, and a member of the Florida Retirement System Trust Fund

By: Kevin J. Kist for ACW
Signature of a member or authorized representative of a member

Ashbel C. Williams, Executive Director, CIO and Authorized Representative of Member
Typed or printed name of signer

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Filing Fee: \$25.00

PLANS - 03/22/2009 C T System Online

Approved as to legality:

Maureen M. Hazen
Maureen M. Hazen
Deputy General Counsel

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