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Florida Department of State

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To:

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From:

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Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CSMC 2007-C1 PGA BOULEVARD, LLC

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B. BOSTICK

JUN 2 1 2013

EXAMINER

13 JUN 20 PM 12: 4, SECRETARY OF STATE ALLAHASSEE, FLORIE

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COVER LETTER

| TO: Registration (Division of C | | | | | |
|--|--------------------------------|---------------------------------------|--------------------------|----------------|----|
| SUBJECT: | CSMC 2007-C | PGA BOULEVARD, LLC | | | |
| | Name of Lin | ilted Liability Company | | | |
| The enclosed Articles of | of Amendment and fee(s) are su | bmitted for filing. | | | |
| Please return all corres | pondence concerning this matte | r to the following: | | | |
| | | ROBIN KYLE | · | | |
| | | Name of Person | | | |
| C-III ASSET MANAGEMENT LLC | | | | | |
| Pim/Company | | | | | |
| 5221 N. O'CONNOR BLVD., STE. 600 | | | | | |
| Address | | | | | |
| 1RVING, TX 75039 | | 2013 JUH 20 SECKETAR TALLAHAS | | | |
| City/State and Zip Code | | 日間 | | | |
| RKYLE@C3CP.COM B-mail address: (to be used for future annual report notification) | | | | | |
| For further information | concerning this matter, please | • | | SE C | TT |
| | ROBIN KYLE | et (972) | 868-5388 | THE B | |
| Name | of Person | Aren Code & | Daytime Telephone Number | | |
| Enclosed is a check for | the following amount: | | | • | |
| 525.00 Filing Fee | Certificate of Status | Certified Copy (additional copy is ex | nclosed) Certified | te of Status & | |

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 Tullahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| CSMC 2007-C1 PG | A BOULEYARD, LLC | | |
|---|---|--|--|
| (Name of the Limited Liability Com | nany as it now appears on our records.) d Liability Company) | | |
| (/II Iona Sinne | F. O | | |
| The Articles of Organization for this Limited Liability Compa | ny were filed onSEPTEMBER 30, 2010and assigned | | |
| Florida document number L10000102447 | ZE & | | |
| | 20 T | | |
| This area describe a builted to a mondate 6.11. | offi-< | | |
| This amendment is submitted to amend the following: | T9 3 | | |
| A. If amending name, enter the new name of the limited li | | | |
| | OR IN | | |
| The now name must be distinguishable and end with the words "Li"L.L.C." | mited Liability Company," the designation "LLC" or the abbreviation | | |
| Enter new principal offices address, if applicable: | C-III ASSET MANAGEMENT LLC | | |
| (Principal office address MUST BE A STREET ADDRESS) | 5221 N. O'CONNOR BLVD., STE. 600 | | |
| | IRVING, TX 75039 | | |
| | | | |
| Enter new mailing address, if applicable: | C-III ASSET MANAGEMENT LLC | | |
| (Mailing address MAY BE A POST OFFICE BOX) | 5221 N. O'CONNOR BLVD., STE. 600 | | |
| THROWING MEATURE DO TO THE DO TO | IRVING, TX 75039 | | |
| | 1KVING, 1X 75039 | | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address h | office address on our records, <u>enter the name of the new</u> ere: | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| <u> </u> | , Fforids | | |
| | City Zip Code | | |
| New Registered Agent's Signature, if changing Registered Agen | nt: | | |

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 2

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:

MGRM = Managing Member Title Name Address Type of Action C-III ASSET MANAGEMENT LLC MGR X Add ☐ Remove 5221 N.O'CONNOR BLVD., STE. 600 IRVING, TX 75039 LNR PARTNERS, LLC MGR ∏ Add ⊠ Remove 1601 WASHINGTON AVE., STB. 700 MIAMIBRACH, FL 33139 DbA 🗀 Remove □Add ☐ Remove Remove □Add Remove D. If amending any other information, enter change(s) bere: (Attach additional sheets, if necessary.) JUNE 19 2013 Dated. Signature of a member of authorized representative of a member ROBIN KYLE, Assistant Secretary of C-III Asset Management, it's Manager. Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00

FLOSS - OSOLOGO C T System Collec

MGR = Manager