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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ENGLANDER & FISCHER, P.A.

Account Number: 120070000052 Phone

: (727)898-7210

Fax Number

: (727)898-7218

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CRP II - ACQUISITION HOLDING, LLC

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

Electronic Filing Menu

Corporate Filing Menu

DEC Melbsbil

12/15/2011

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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CPR II ACQUIRITION HOLDING LLC	COR
CRP II - ACQUISITION HOLDING, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	A A
The Articles of Organization for this Limited Liability Company were filed on	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
CRP II - PR FLORIDA HOLDING, LLC	
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C."	LLC" or the abbreviation
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 registered agent and/or the new registered office address here:	the name of the new
Name of New Registered Agent:	
New Registered Office Address:	···
Enter Florida street ado	dress

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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:

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	her 15	Signature of a member of a	Signature of a member of authorized rep	Signature of a member of authorized representative	Signature of a member of authorized representative of a member ERNEST L. MASCARA	Signature of a member of authorized representative of a member	Signature of a member of authorized representative of a member ERNEST L. MASCARA	SECTION OF STATE AHASSEE, FLORIDA Signature of a member of authorized representative of a member ERNEST L. MASCARA

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Filing Fee: \$25.00