

#12000019966

Division of Corporations

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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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BACM 2006-4 CARLOS DRIVE, LLC

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K. SALY
EXAMINER
OCT 19 2012

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BACM 2006-4 CARLOS DRIVE, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBIN KYLE

Name of Person

C-III ASSET MANAGEMENT LLC

Firm/Company

5221 N. O'CONNOR BLVD., STE. 600

Address

IRVING, TX 75039

City/State and Zip Code

RKYLE@C3CP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBIN KYLE

Name of Person

at (972)

868-5388

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
12 OCT 18 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BACM 2006-4 CARLOS DRIVE, 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 FEBRUARY 9, 2012 and assigned
Florida document number L12000019966

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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**)

C-III ASSET MANAGEMENT LLC

5221 N. O'CONNOR BLVD., STE. 600

IRVING, TX 75039

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

C-III ASSET MANAGEMENT LLC

5221 N. O'CONNOR BLVD., STE. 600

IRVING, TX 75039

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

City

Florida

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 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:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	C-III ASSET MANAGEMENT LLC	5221 N.O'CONNOR BLVD., STE. 600 IRVING, TX 75039	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	LNR PARTNERS, LLC	1601 WASHINGTON AVE., STE. 700 MIAMI BEACH, FL 33139	<input type="checkbox"/> Add <input checked="" 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.)

Dated OCTOBER 18, 2012

Robin Kyle Secretary of C-III Asset Management LLC; its
Signature of a member or authorized representative of a member
ROBIN KYLE
Typed or printed name of signee
Manager

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Filing Fee: \$25.00