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ATTORNEYS & COUNSELORS

April 8, 2016

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Atley A. Kitchings, Jr. Distinguished Senior Member

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> > * Admitted in Illinois only

Sender Direct Dial: 205.874.0320 Sender Direct Fax: 205.874.3234 dlardent@wallacejordan.com

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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Annemarie C. Axon Thomas A. McKnight, Jr.

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Gary W. Lee

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Jay H. Clark Larry S. Logsdon

Re:

CP/AIG - Tallahassee Development, LLC

Document # L16000065521

Our File: 11407-83

To Whom it May Concern:

Please find enclosed Articles of Amendment to Articles of Organization for the above named limited liability company. Also, please find a check in the amount of \$60.00 for the filing fee, Certificate of Status and Certified Copy as well as an additional copy of the Articles.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Dana Lardent

Paralegal to Stephen P. Leara, Esq.

COVER LETTER

| Divis | ion of Corpo | porations | |
|------------------|---------------|---|---------|
| SUBJECT: | CP/AIG - Tal | allahassee Development, LLC | |
| SUBJECT: _ | | Name of Limited Liability Company | |
| The enclosed A | Articles of A | Amendment and fee(s) are submitted for filing. | |
| Please return a | ll correspond | ndence concerning this matter to the following: | |
| | | Stephen P. Leara | |
| | | Name of Person | |
| | | Wallace, Jordan, Ratliff & Brandt | |
| | | Firm/Company | |
| | | 800 Shades Creek Parkway, Suite 400 | |
| | | Address | |
| | | Birmingham, AL 35209 | |
| | | City/State and Zip Code | |
| | | dlardent@wallacejordan.com | |
| | | E-mail address: (to be used for future annual report notification) | |
| For further infe | ormation con | encerning this matter, please call: | |
| Dana Lardent | | 205 874-0320 at () | _ |
| | Name of F | Person Area Code Daytime Telephone Number | |
| | | | |
| Enclosed is a c | check for the | e following amount: | |
| \$25.00 Fil | ing Fee | □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & S60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is constant) | latus & |

MAILING ADDRESS:

TO:

Registration Section

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

| CP/AIG - Tallanassee Development, LLC | |
|---|---|
| (Name of the Limited Liability Company as it no (A Florida Limited Liability Co | w appears on our records.) mpany) |
| he Articles of Organization for this Limited Liability Company were filed lorida document number L16000065521 | d on 4/1/2016 and assigned |
| his amendment is submitted to amend the following: | |
| . If amending name, enter the new name of the limited liability com | pany here: |
| CP - Tallahassee Development, LLC | |
| he new name must be distinguishable and contain the words "Limited Liability Compar | ny," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| Principal office address MUST BE A STREET ADDRESS) | |
| | |
| | |
| inter new mailing address, if applicable: | |
| Mailing address MAY BE A POST OFFICE BOX) | ************************************** |
| | 5 |
| | 1PR |
| 3. If amending the registered agent and/or registered office add | |
| egistered agent and/or the new registered office address here: | |
| | |
| Name of New Registered Agent: | 25 |
| 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| MGR = Manager AMBR = Authorized Member | | | | |
|--|-------------|--------------|----------------|--|
| <u>Title</u> | <u>Name</u> | Address | Type of Action | |
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| fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing of | or more than 90 days after filing.) Pur | suant to 605.0 |
| ote: If the date inserted in this block does not meet the applicable statutory fi | iling requirements, this date will | not be listed |
| cument's effective date on the Department of State's records. | | |
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| record specifies a delayed effective date, but not an effectiv The 90th day after the record is filed. | e time, at 12:01 a.m. on t | the earlier |
| ted April 7 , 2016 , | | |
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Page 3 of 3

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