

CT CORPORATION SYSTEM

CORPORATION(S) NAME

MD1000000/480

GFS/NHP Carlisle, LLC

01 JUL 16 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

- | | | |
|----------------------------------------------|-------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Profit | <input checked="" type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

RECEIVED
01 JUL 16 PM 2:26
DIVISION OF CORPORATION

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

7/16/01

MS

Order#: 4657597

800004478018--9

-07/16/01--01043--017

Ref#: *****25.00 *****25.00

Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

MS

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

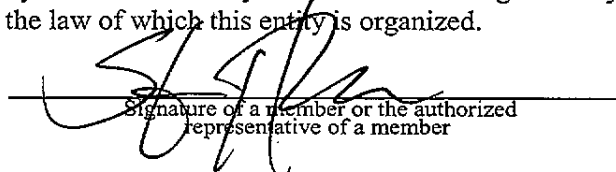
1. Name of limited liability company as it appears on the records of the Florida Department of State: GFS/NHP Carlisle, LLC
2. Jurisdiction of its organization: ARIZONA
3. Date authorized to do business in Florida: JULY 3, 2001

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? _____
5. New name of the limited liability company: _____
6. If the amendment changes the period of duration, indicate new period of duration: _____
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: SEE ATTACHMENT
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

01 JUL 16 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED


Signature of a member or the authorized
representative of a member

GFS Jacksonville LLC, Manager, by Stanley J. Harrelson, Manager
Typed or printed name of signer

**ATTACHMENT TO
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA
OF
GFS/NHP CARLISLE, LLC**

Paragraph 9 is amended to correct the managing members or managers of the limited liability company. National Housing Partners, LLC was incorrectly listed as a managing member or manager:

9. The name and usual business addresses of the managing members or managers are as follows:

GFS Jacksonville LLC
c/o Pinnacle Realty Management Company
401 2nd Avenue South, Suite 110
Seattle, WA 98104

APPROVED
AND
FILED

01 JUL 16 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA