# M02000001299

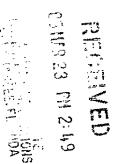
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





900048583709

O5 MAR 23 PH 4: 55





ACCOUNT NO. : 072100000032

REFERENCE :

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE: March 22, 2005

ORDER TIME : 1:36 PM

ORDER NO. : 272646-005

CUSTOMER NO: 4814233

CUSTOMER: Valerie Diamond

Morris Manning & Martin

1600 Atlanta Financial Center 3343 Peachtree St, Northeast

Atlanta, GA 30326

FOREIGN FILINGS

NAME: ALTA PINES ASSOCIATES, L.L.C.

XX \_\_\_TTC

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY \_\_\_ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan -- EXT# 2955

EXAMINER: \_\_\_

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

#### SECTION I (1-3 must be completed)

	APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA  SECTION I (1-3 must be completed)  Name of limited liability company as it appears on the records of the Florida Department of State: Alta Pines Associates, L.L.C.
	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: Alta Pines Associates, L.L.C.
2.	Jurisdiction of its organization: Delaware
3.	Date authorized to do business in Florida: May 22, 2002
	SECTION II (4-7 complete only the applicable changes)
	If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? February 14, 2005
5.	New name of the limited liability company: Fiore at the Gardens, LLC
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:
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 invitation and at the law of which this certificial contained.

Authorized Representative

PAGE 1

## Delaware

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ALTA PINES ASSOCIATES, L.L.C.", FILED A RESTATED CERTIFICATE, CHANGING ITS NAME TO "FIORE AT THE GARDENS, LLC", THE FOURTEENTH DAY OF FEBRUARY, A.D. 2005, AT 1:28 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID RESTATED CERTIFICATE IS THE FIFTEENTH DAY OF FEBRUARY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Warriet Smith Windson Serverary of State

AUTHENTICATION: 3763347

DATE: 03-23-05

3524700 8320

050238957