

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000219600 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

RECEIVED

05 SEP 14 AM 7:39

DIVISION OF CORPORATION

LIMITED LIABILITY AMENDMENT

CVS 5899 FL, L.L.C.

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$60.00

2005 SEP 14 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 SEP 14 AM 8:12

FILED

Electronic Filing Menu

Corporate Filing

Public Access Help

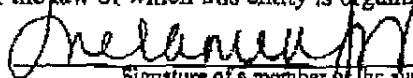
**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

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: CVS 5899 FL, L.L.C.
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: October 3, 2002

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? September 8, 2005
5. New name of the limited liability company: SCP 2005C-C20-010 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 jurisdiction under the law of which this entity is organized.


Signature of a member of the authorized
representative of a member
CVS Pharmacy, Inc. (member)
Melanie Luker, Assistant Secretary of Member
Typed or printed name of signer

Filing Fee: \$25.00

2005 SEP 14 AM 8:12
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

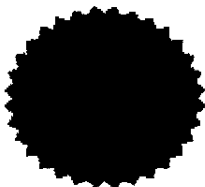
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CVS 5899 FL, L.L.C.", FILED A RESTATED CERTIFICATE, CHANGING ITS NAME TO "SCP 2005C-C20-010 LLC", THE EIGHTH DAY OF SEPTEMBER, A.D. 2005, AT 1:05 O'CLOCK P.M.

FILED

2005 SEP 14 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3572954 8320
050753386

AUTHENTICATION: 4155401
DATE: 09-14-05