

M03000000167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

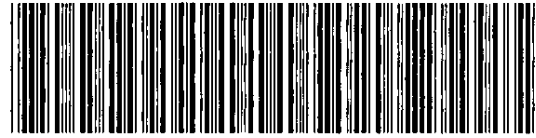
(Business Entity Name)

(Document Number)

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DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

08 MAY 22 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

MAY 22 2008

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 580838 7143029

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : May 22, 2008

ORDER TIME : 11:39 AM

ORDER NO. : 580838-015

CUSTOMER NO: 7143029

FOREIGN FILINGS

NAME: PROLOGIS-MACQUARIE FLORIDA II
LLC

CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds -- EXT# 2933

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)

1. Name of limited liability company as it appears on the records of the Florida Department of State: ProLogis-Macquarie Florida II LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 01/15/03

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? 08/24/07
5. New name of the limited liability company: ProLogis NA2 Florida II LLC
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "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 jurisdiction under the law of which this entity is organized.

Edward S. Nekritz

Signature of a member or the authorized representative of a member

Edward S. Nekritz, Managing Director & Sec.

Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE SAID "PROLOGIS-MACQUARIE FLORIDA II LLC" FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "PROLOGIS NA2 FLORIDA II LLC", ON THE TWENTY-FOURTH DAY OF AUGUST, A.D. 2007, AT 6:47 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROLOGIS NA2 FLORIDA II LLC", IS THE LAST KNOWN TITLE OF RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY.

3603784 8321

080587431



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6608817

DATE: 05-22-08