

M04000002085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

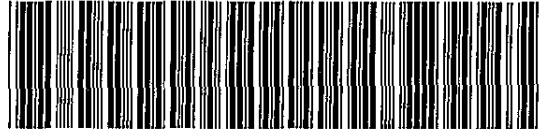
(Document Number)

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*BK*

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05/17/05--01001--013 \*\*25.00

**FILED**  
05 MAY 16 AM 8:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RECEIVED**  
05 MAY 16 PM 4:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CT CORPORATION

May 16, 2005

Department of State, Florida  
409 East Gaines Street  
Tallahassee FL 32399

FILED  
05 MAY 16 AM 8:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Order #: 6342793 SO  
Customer Reference 1:  
Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

Ginn-Colonial Square, LLC (GA)  
New Name: New Name: The Towers at Reunion Square, LLC  
Evidence of Amendment  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan  
Manager Fulfill Ctr  
Connie\_Bryan@cch-lis.com

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

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

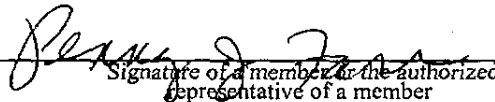
**FILED**  
MAY 16 AM 8:42  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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: Ginn-Colonial Square, LLC
2. Jurisdiction of its organization: Georgia
3. Date authorized to do business in Florida: June 1, 2004

**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? April 11, 2005
5. New name of the limited liability company: The Towers at Reunion Square, 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.

  
Signature of a member or the authorized representative of a member

Penny J. Farr

Typed or printed name of signee

Filing Fee: \$25.00

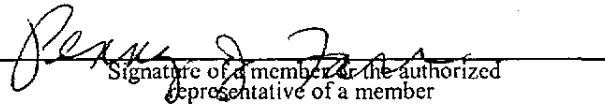
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Signature of a member or the authorized  
representative of a member

Penny J. Farr

Typed or printed name of signee

Filing Fee: \$25.00

**Secretary of State**  
**Corporations Division**  
**315 West Tower**  
**#2 Martin Luther King, Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

DOCKET NUMBER : 051360368  
PRINT DATE : 05/16/2005  
FORM NUMBER : 218

C T CORPORATION SYSTEM  
JESSICA CHASTAIN  
1201 PEACHTREE ST NE  
ATLANTA, GA. 30361

**CERTIFICATE OF FACT**

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Effective April 11, 2005, **GINN-COLONIAL SQUARE, LLC**, a Georgia limited liability company, filed certificate of name change amendment, changing its name to: **THE TOWERS AT REUNION SQUARE, LLC**

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence of the existence or nonexistence of the facts stated within.



Cathy Cox  
Secretary of State