

M050000000694

Florida Department of State  
Division of Corporations  
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(4)

12/11 name change

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To:

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

M05-694

From:

**AMY J. PATTERSON**  
Account Name : HEALTH CARE PROPERTY INVESTORS, INC.  
Account Number : I20060000167  
Phone : (407)650-1068  
Fax Number : (407)835-3235

\* Please coordinate this filing with  
Charter # B050000000119. Thank You.

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**CNL RETIREMENT ENC1 TALLAHASSEE FL GP, LLC**

RECEIVED  
06 DEC 11 PM 12:38  
FLORIDA DEPARTMENT OF STATE

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

MJA

**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: CNL Retirement Encl Tallahassee FL GP, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 2/8/2005

**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: HCP Encl Tallahassee FL GP, 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

Sharon A. Yester  
Typed or printed name of signee

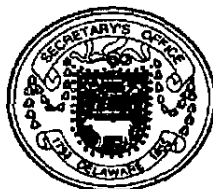
**Filing Fee: \$25.00**

# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "CNL RETIREMENT ENC1 TALLAHASSEE FL GP, LLC", CHANGING ITS NAME FROM "CNL RETIREMENT ENC1 TALLAHASSEE FL GP, LLC" TO "HCP ENC1 TALLAHASSEE FL GP, LLC", FILED IN THIS OFFICE ON THE TWENTY-FIRST DAY OF NOVEMBER, A.D. 2006, AT 2:50 O'CLOCK P.M.



3916024 8100  
061070465

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5216010

DATE: 11-21-06

12/11/2006 13:32 FAX

004

11/21/2006 10:19 FAX

0008  
State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 02:50 PM 11/21/2006  
FILED 02:50 PM 11/21/2006  
SRV 061070465 - 3916024 FILE

STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT OF THE  
CERTIFICATE OF FORMATION  
OF  
CNL RETIREMENT ENCL TALLAHASSEE FL GP, I.LC

1. The name of the limited liability company is CNL Retirement Encl  
Tallahassee FL GP, LLC.

2. Paragraph FIRST of the Certificate of Formation is hereby amended in its  
entirety to read as follows:

"FIRST. The name of the limited liability company formed hereby is:  
HCP Encl Tallahassee FL GP, LLC."

IN WITNESS WHEREOF, the undersigned has caused this Certificate of  
Amendment of the Certificate of Formation to be duly executed as of the 21<sup>st</sup> day of  
November, 2006.

By: Sharon A. Yester  
Authorized Person

Name: Sharon A. Yester