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Florida Department of State
Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

CVS 3245 FL, L.L.C.

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$60.00

RECEIVED

07 NOV 13 AM 7:03

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**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)

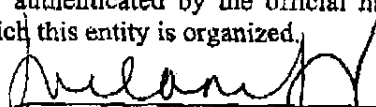
1. Name of limited liability company as it appears on the records of the Florida Department of State: CVS 3245 FL, L.L.C.
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: ^N 9-6-2005

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? October 24, 2007
5. New name of the limited liability company: SCP 2007-C27-509 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:
N/A
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
N/A
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: N/A
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

Melanie K. Luker, Authorized Person

Typed or printed name of signee

Filing Fee: \$25.00

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Delaware

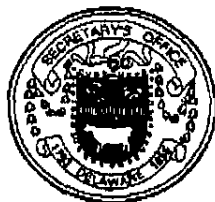
PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE RESTATED CERTIFICATE OF "CVS 3245 FL, L.L.C.", CHANGING ITS NAME FROM "CVS 3245 FL, L.L.C." TO "SCP 2007-C27-509 LLC", FILED IN THIS OFFICE ON THE TWENTY-FOURTH DAY OF OCTOBER, A.D. 2007, AT 6:01 O'CLOCK P.M.

4023853 8100

071151735



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6126683

DATE: 11-02-07

State of Delaware
Secretary of State
Division of Corporations
Delivered 07:32 PM 10/24/2007
FILED 06:01 PM 10/24/2007
SRV 071151735 - 4029853 FILE

AMENDED AND RESTATED CERTIFICATE OF FORMATION
OF
CVS 3245 FL, L.L.C.

THIS AMENDED AND RESTATED CERTIFICATE OF FORMATION of CVS 3245 FL, L.L.C. (the "Company"), dated as of October 23, 2007, has been duly executed and is being filed by the undersigned, as an authorized person, in accordance with the provisions of 6 Del. C. §18-208, to amend and restate the original Certificate of Formation of the Company, which was filed on August 31, 2005, with the Secretary of State of the State of Delaware (as heretofore amended, the "Certificate"), to form a limited liability company under the Delaware Limited Liability Company Act (6 Del. C. §18-101, *et seq.*).

The Certificate is hereby amended and restated in its entirety to read as follows:

1. Name. The name of the limited liability company is SCP 2007-C27-509 LLC.
2. Registered Office. The address of the registered office of the Company in the State of Delaware is c/o The Corporation Trust Company, Corporation Trust Center, 1209 Orange Street, Wilmington, New Castle County, Delaware 19801.
3. Registered Agent. The name and address of the registered agent for service of process on the Company in the State of Delaware is The Corporation Trust Company, Corporation Trust Center, 1209 Orange Street, Wilmington, New Castle County, Delaware 19801.

IN WITNESS WHEREOF, the undersigned has executed this Amended and Restated Certificate of Formation as of the date first-above written.

/s/ Melanie K. Luker
Name: Melanie K. Luker
Title: Authorized Person