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ALLAHASSEE, FLÖRIDA

CVS 1316 FL, L.L.C.

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PAGE 01/04

CT CORPORATION SYSTM

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 1316 FL, L.L.C.
2.	Jurisdiction of its organization: Delaware
3.	Date authorized to do business in Florida: 1 11-14-2005
	SECTION II (4-7 complete only the applicable changes)
	If the amendment changes the name of the limited liability company, when was the hange effected under the laws of its jurisdiction of organization? October 24, 2007
5.	New name of the limited liability company: SCP 2007-C27-507 LLC (must end with "Limited Liability Company," "L.L.C.," or "LLC.")
Flo	name unavailable, enter alternate name adopted for the purpose of transacting businessing rida and attach a copy of the written consent of the managers or managing members adopting alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." Company," "L.L.C."
6.	If the amendment changes the period of duration, indicate new period of duration: N/A N/A 1. The state of the period of duration indicate new period of duration: 1. The state of the period of duration indicate new period of duration: 1. The state of the period of duration indicate new period of duration: 1. The state of the period of duration indicate new period of duration: 1. The state of the period of duration indicate new period of
	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: N/A
i	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

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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 1316 FL, L.L.C.", CHANGING ITS NAME FROM "CVS 1316 FL, L.L.C." TO "SCP 2007-C27-507 LLC", FILED IN THIS OFFICE ON THE TWENTY-FOURTH DAY OF OCTOBER, A.D. 2007, AT 5:58 O'CLOCK P.M.

O7 NOV 13 AM 9: 53
SECRETARY OF STATE
TALL AHASSEE FLORIDA

4053945 8100 071151720



Darriet Smith Hindson

AUTHENTICATION: 6126664

DATE: 11-02-07

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State of Delaware Secretary of State Division of Corporations Delivered 07:32 PM 10/24/2007 FILED 05:58 PM 10/24/2007 SRV 071151720 - 4053945 FILE

AMENDED AND RESTATED CERTIFICATE OF FORMATION OF CVS 1316 FL. L.L.C.

THIS AMENDED AND RESTATED CERTIFICATE OF FORMATION of CVS 1316 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 November 1, 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, at seq.).

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

- 1. Name. The name of the limited liability company is SCP 2007-C27-507 LLC.
- 2. <u>Registered Office</u>. 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.
- 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.

Name: Molanie K. Luker
Name: Molanie K. Luker
Title: Authorized Person

SI CRE IVER OF STATE
LAHASSEE, FLORID

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