Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000246222 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 : (850)222-1092 Fax Number : (850)876-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CVS 3591 FL, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

T. HAMPTON

NOV 2 4 2009

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.	1. Name of limited liability company as it appears on the records of the Florida Department of State: CVS 3591 FL, L.L.C.	
2.	Jurisdiction of its organization: DRIAWARE	
3.	Date authorized to do business in Florida: NOVEMBER 14, 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? NOVEMBER 13, 2009	
5.	New name of the limited liability company: SCP 2009-C34-507 LLC (must end with "Limited Liability Company," "L.L.C.," or "LLC.")	
Fl th	name unavailable, enter alternate name adopted for the purpose of transacting business in orida and attach a copy of the written consent of the managers or managing members adopting a alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." "LLC.")	
б.	If the amendment changes the period of duration, indicate new period of duration: N/A	
	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	
_		

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 of a member of a member Typed or printed name of signse

Filing Fee: \$25.00

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CVS 3591 FL, L.L.C.", FILED A RESTATED CERTIFICATE, CHANGING ITS NAME TO "SCP 2009-C34-507 LLC", THE THIRTEENTH DAY OF NOVEMBER, A.D. 2009, AT 6:14 O'CLOCK P.M.

4053943 8320

091018267
You may verify this certificate onli

Jeffrey W. Bullock, Secretary of State
ADTHENTY CATTON: 7643671

DATE: 11-16-09