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.

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(((H13000168415 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5368

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

Email Address:

3 JUL 29 PM 3: 4

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COLE CV ORLANDO FL, LLC

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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Cole CV Orlando FL, LLC	•				
Name of Foreign	Limited Liabil	ity Comp	any	-	
Dear Sir or Madam:			•		
The enclosed application, certificate and fee(s) at	re submitted for	r filing.		Stars	هيد
Please return all correspondence concerning this	matter to the fo	llowing:		2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	13 JUL 29 AM III:
Gayle Grocke				35	29
Name of Person					=
Letham & Watkins LLP				न्मा है। सम्बद्धाः स्टिक्टर्ग	155
Firm/Company				7.34 T	رن ص
233 S. Wacker Drive, Suite 5800				يتهذ	
Address					
Chicago, IL 60606-6401					
City/State and Zip Code					
jbarrett@apiritrealty.com					
E-mail address: (to be used for future annual r	eport notification	on)			
For further information concerning this matter, p	lease calls				
Gavie Grocke	.312	993-262	2		
Name of Person	Area Code d	2 Daytim	e Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registre Division P.O. Bo	NG ADDRESS: ution Section of Corporations ox 6327 ssee, Florida 32314		
Euclosed is a check for the following amount: \$\Pi\$ \$25 \text{Filing Fee} \Pi\$ \$30 \text{Filing Fee & Certificate of Status}	S55 Filing Certified C		☐ \$60 Filing Fee, Certificate of Sta	itus &	

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) Name of limited liability company as it appears on the records of the Florida Department of: State: Cole CV Orlando FL, LLC Delaware 2. Jurisdiction of its organization: 3. Date authorized to do business in Florida: 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: ______ Spirit OV Orlando FL, LLC (must end with "Limited Liability Company, ""L.L.C.," or "I.L.C." (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." 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 amondment corrects any false statement, incleate the statement being corrected and the 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.

> Typed or printed name of eignee of Spirit SPE Manager, LLC, Manager Filing Fee: \$25.00

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "COLE CV ORLANDO FL, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "SPIRIT CV ORLANDO FL, LLC", THE SEVENTEENTH DAY OF JULY, A.D. 2013, AT 3:02 O'CLOCK P.M.

DATE: 07-26-13