

MD7000003592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

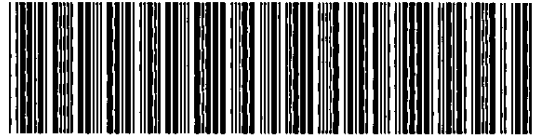
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07 JUN 25 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

07 JUN 25 PM 2:47

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 963387 7567195

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 25.00

ORDER DATE : June 25, 2007

ORDER TIME : 12:03 PM

ORDER NO. : 963387-010

CUSTOMER NO: 7567195

FILED
07 JUN 25 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: DCX CB SQUARE EIGHTEEN LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap -- EXT#

EXAMINER: _____

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO
TRANSACTION 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: DCX CB Square Eighteen LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: June 13, 2007

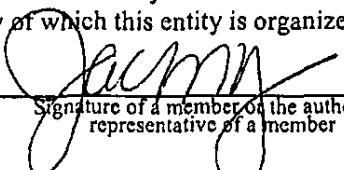
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SECTION II (4-7 complete only the applicable changes)

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? June 21, 2007
5. New name of the limited liability company: DCX CB Square Eighteen FD 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

Jackie M. Hawkey, VP of its sole member

Typed or printed name of signer

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 "DCX CB SQUARE EIGHTEEN LLC", CHANGING ITS NAME FROM "DCX CB SQUARE EIGHTEEN LLC" TO "DCX CB SQUARE EIGHTEEN FD LLC.", FILED IN THIS OFFICE ON THE TWENTY-SECOND DAY OF JUNE, A.D. 2007, AT 1:27 O'CLOCK P.M.

4369227 8100

070740943



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5786756

DATE: 06-25-07

State of Delaware
Secretary of State
Division of Corporations
Delivered 01:41 PM 06/22/2007
FILED 01:27 PM 06/22/2007
SRV 070740943 - 4369227 FILE

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: DCX CB Square Eighteen LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:
1. The name of the limited liability company is DCX CB Square Eighteen FD LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 21 day of JUNE, A.D. 2007.

By: 
Authorized Person(s)

Name: Owen T. Niland
Print or Type