

M07 000004391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

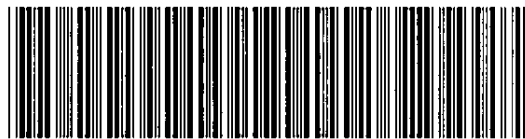
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

07 AUG -3 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 037560 7567195

AUTHORIZATION :

COST LIMIT : \$ 25

[Signature]

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ORDER DATE : August 1, 2007

ORDER TIME : 1:54 PM

ORDER NO. : 037560-010

CUSTOMER NO: 7567195

FOREIGN FILINGS

NAME: DCX CB SQUARE TWENTY-SEVEN
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: Harry B. Davis -- EXT#

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. Name of limited liability company as it appears on the records of the Florida Department of State: DCX CB SQUARE TWENTY-SEVEN LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: July 24, 2007

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? August 1, 2007
5. New name of the limited liability company: _____
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")
DCX CB SQUARE TWENTY-SEVEN DC 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: _____
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

Jill Mozer, VP of its sole member

Typed or printed name of signer

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 TWENTY-SEVEN LLC", CHANGING ITS NAME FROM "DCX CB SQUARE TWENTY-SEVEN LLC" TO "DCX CB SQUARE TWENTY-SEVEN DC LLC", FILED IN THIS OFFICE ON THE FIRST DAY OF AUGUST, A.D. 2007, AT 6:24 O'CLOCK P.M.

4392420 8100
070881368



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 5895723

DATE: 08-02-07