

MD80000052038

Florida Department of State
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.

((H09000246603 3)))



H090002466033ABC/

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:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA0000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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

Email Address: htyson@hmlawyers.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CVS 3921 FL, L.L.C.

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

D. BRUCE
NOV 25 2009
EXAMINER

RECEIVED

09 NOV 24 AM 6:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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 3921 FL, L.L.C.
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: April 29, 2008

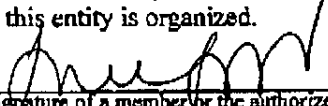
SECTION II (4-7 complete only the applicable changes)

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-C34-013 LLC
(must end with "Limited Liability Company," "L.L.C.," or "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:
N/A
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
N/A
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: N/A

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

Melanis K. Luker, Authorized Person
Typed or printed name of signee

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 NOV 24 PM 12:32

FILED

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 3921 FL, L.L.C.",
FILED A RESTATED CERTIFICATE, CHANGING ITS NAME TO "SCP
2009-C34-013 LLC", THE THIRTEENTH DAY OF NOVEMBER, A.D. 2009, AT
7:06 O'CLOCK P.M.

FILED
09 NOV 24 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4539588 8320

091018415

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7643770

DATE: 11-16-09