

108000004114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

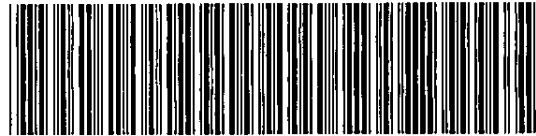
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13 JUN 25 PM 1:52

FILED  
13 JUN 25 AM 10:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**CSC.**

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 700033 5024449

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : June 24, 2013

ORDER TIME : 12:11 PM

ORDER NO. : 700033-010

CUSTOMER NO: 5024449

FOREIGN FILINGS

NAME: INDIANTOWN MCVL 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: Susie Knight -- EXT# 52956

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)**

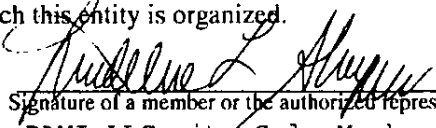
1. Name of limited liability company as it appears on the records of the Florida Department of State: INDIANTOWN MCVL LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: September 9, 2008

**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? June 24, 2013
5. New name of the limited liability company: FL GS Collins Avenue 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:  
Perpetual
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  
PAMI LLC, its Sole Member

By Madeline L. Shapiro, Assistant Secretary

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

13 JUN 25 AM 10:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 "INDIANTOWN MCVL LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "FL GS COLLINS AVENUE LLC", THE TWENTY-FOURTH DAY OF JUNE, A.D. 2013, AT 1:08 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

4597420 8320

130810456

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0537175

DATE: 06-24-13