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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (850)878-5368

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

Email	Address:

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CVS 1815 FL, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	04
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B. KOHR
JUL 31 2012

EXAMNER

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7/30/2012

CT CORPORATION

91:60 Z10Z/08/40

# **COVER LETTER**

TO:	Registration Section Division of Corporations				·	·
SUBJ	ECT:	С	VS 181:	FL, L.L.0	<b>C</b> .	_
	No	ame of Fore	gn Lin	ited Liab	ility Cor	npany
Dear S	Sir or Madam:					
The ei	nclosed application, certifica	ate and fee(s	) are sı	ıbmitted :	for filing	•
Please	return all correspondence o	oncerning t	nis mat	ter to the	followin	g:
	Lisa Shde	ed				
	Name of P	erson			_	
	CT Corporation	n System				
	Firm/Com	pany		<u></u>	-	
						•
_	155 Federal Street					,
	Addres	<b>S</b> .				
	Boston, MA	02110				
_,	City/State	and Zip Cod	e .		•	
	kolicen.cobb@	)flaglerdev.co	ın			
E-m	ail address: (to be used for f	uture annua	report	notificat	ion)	
For fur	ther information concerning	this matter,	please	call:	•	. •
<u> </u>	Lisa Shdeed		_ at (		)	531-5829
	Name of Person		Ar	ea Code	& Daytir	ne Telephone Number
	STREET/COURIER ADI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, Florida 32301				Regist Division P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314
nclose }\$25 I	d is a check for the follow Filing Fee \$\sum \\$30 Filing Certificat		<b>□</b> \$:	55 Filing ertified C		\$60 Filing Fee, Certificate of Status & Certified Conv

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILL 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 1815 FL, L.L.C.
2.	Jurisdiction of its organization: Delaware
3.	Date authorized to do business in Florida: 06/18/2009
	SECTION II (4-7 complete only the applicable changes)
	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: FL (must end with "Limited Liability Company," "L.L.C.," or "LLC.")
Flo the	name unavailable, enter alternate name adopted for the purpose of transacting business in orida and attach a copy of the written consent of the managers or managing members adopting alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." "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:
	If the amendment corrects any false statement, indicate the statement being corrected and the correction:
	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 Asst Secretary of Member  Typed or printed name of signee

Filing Fee: \$25.00

# Delaware

DAGE

## The First State

I, JEFFREY W. BULLOCK, 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 "CVS 1815 FL, L.L.C.",
CHANGING ITS NAME FROM "CVS 1815 FL, L.L.C." TO "FDG C39 FL
GAINESVILLE LLC", FILED IN THIS OFFICE ON THE TWENTY-FIFTH DAY
OF JULY, A.D. 2012, AT 6 O'CLOCK P.M.

4695220 8100

120872868

AUTHENTY CATION: 9736702

DATE: 07-26-12

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