# M11000002729

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
<b>V</b>	,	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
00)	cument Humber)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filina Officer:	
	- ,g	
. ' .		

Office Use Only



400249992584

07/22/13--01040--009 \*\*205.00



M W 3 - 41343



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 23, 2013

D. JUSTIN NILES 200 W. PALMETTO PARK RD., STE 301 BOCA RATON, FL 33432

SUBJECT: CVS 5466 FL, L.L.C. Ref. Number: M11000002729

We have received your document for CVS 5466 FL, L.L.C. and your check(s) totaling \$55.00. However, the document has not been filed and is being retained in this office for the following:

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, make be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 913A00017810

#### **COVER LETTER**

Division of Corporations			
SUBJECT: CVS 5466 FL, L.L.C.			
Name of Foreign Limited Liability Company			
Dear Sir or Madam:			
The enclosed application, certificate and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
D. Justin Niles			
Name of Person			
D. Justin Niles, P.A.			
Firm/Company			
200 W. Palmetto Park Rd., Ste 301	_		
Address	OF Sec	_	
Boca Raton, FL 33432	E AA	I 3 AUG	•
City/State and Zip Code	A SE	9-	
justin@djnpa.com		7	1
E-mail address: (to be used for future annual report notification)	.081 180	7:	î
For further information concerning this matter, please call:	E DA	£-	
D. Justin Niles <u>at (561)</u> 869-1700 x7010			
Name of Person Area Code & Daytime Telephone Number	er		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:  \$\Boxed{1}\$ \$25 \text{ Filing Fee}  \text{\$\$30 \text{ Filing Fee & Certified Copy}  \text{\$\$Certified Copy}   \text{\$\$Certified Copy}  \text{\$\$Certified Copy}  \text{\$\$Certified Copy}  \text{\$\$Certified Copy}  \text{\$\$Certified Copy}  \text{\$\$Certified Copy}  \text{\$\$Certified Copy}  \text{\$\$Certified Copy}  \text{\$\$Certified Copy}  \text{\$\$Certified Copy}  \text{\$\$Certified Copy}  \text{\$\$Certified Copy}  \text{\$\$Certified Copy}  \text{\$\$Certified Copy}  \text{\$\$Certified Copy}  \text{\$\$Certified Copy}  \text{\$\$Certified Copy}  \text{\$\$Certified Copy}  \text{\$\$Certified Copy}   \text{\$\$Certified Copy}  \text{\$\$Certified Copy}   \text{\$\$Certified Copy}   \$\$Certified Cop	tatus &		

### 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 5466 FL, L.L.C.	
2.	Jurisdiction of its organization: Delaware	
3.	Date authorized to do business in Florida: 05/27/2011	
	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? 06/28/2013	
5.	New name of the limited liability company: CCD PR NO 11, LLC (must end with "Limited Liability Company," "LL.C.," or "LL.C.")	
c/e	o Caval Commercial Development LLC, 1553 San Ignacio Ave., Coral Gables, FL 33146-3090	
Flo the	name unavailable, enter alternate name adopted for the purpose of transacting business in corida 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.")	13 AUG -9
6.	If the amendment changes the period of duration, indicate new period of duration:	AM 7: 1
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:	e
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 the law of which this entity is organized.  Signature of a member or the authorized representative of a member  Melanie K. Luker, Assistant Secretary of CVS Pharmacy, Inc., as sole Member of CVS 5466 FL, L.L.C.  Typed or printed name of signee	under

Filing Fee: \$25.00

## Delaware

PAGE 1

#### 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 5466 FL, L.L.C.",

CHANGING ITS NAME FROM "CVS 5466 FL, L.L.C." TO "CCD PR NO 11,

LLC", FILED IN THIS OFFICE ON THE SEVENTEENTH DAY OF JULY, A.D.

2013, AT 11:30 O'CLOCK A.M.

13 AUG -9 AM 7: 14
SECRETARY OF STATE
JALLAHASSES, FLORIDA

4933432 8100

130893054

AUTHE

AUTHENTY CATION: 0626432

DATE: 07-30-13

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

State of Delaware Secretary of State Division of Corporations Delivered 11:30 AM 07/17/2013 FILED 11:30 AM 07/17/2013 SRV 130893054 - 4933432 FILE

### STATE OF DELAWARE CERTIFICATE OF AMENDMENT

	s: Article	1. of the ce	he limited liab rtificate of Fo mited liability	ormation is to y company is		7	
1	CCD PF	R NO 11, LL	C	y company to			
Adding r Manage Valle	rs/Membe	3. as followers chang	/s: ed to: J	ose Baizau	li and Jo	ose	
c/o Ca	val Com	mercial D	evelopmen	s is chang t LLC, 155	3 San		
Tanani	_	Coval Ca	hleg FI.	33146-3090		ı	
TANGE	o Ave.,	COLAL GA	Dies, in	22140 2020	•	ł	
						te on	
IN WITT	NESS WHE	EREOF, the	undersigned l	have executed t	his Certificat		
IN WITT	NESS WHE	EREOF, the		have executed t			
IN WITT	NESS WHE	EREOF, the	undersigned I	have executed t	his Certificat		<u></u> دم
IN WITT	NESS WHE	EREOF, the	undersigned l	nave executed t	this Certificat		13 AU
IN WITT	NESS WHE	EREOF, the	undersigned   Tuly By:	Authorized	this Certificat , A.D. 2013	SECRE I TALLAHA	13 AUG -
IN WITT	NESS WHE	EREOF, the	undersigned I	nave executed t	this Certificat , A.D. 2013	SECRETAL SECRETA	13 AUS -9