

M 12000002607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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STATE OF MICHIGAN  
REGISTRY OF SECURITIES

647



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 28, 2015

SEYMOUR SINGER  
7401 WILES RD SUITE 230  
CORAL SPRINGS, FL 33067

SUBJECT: CVS 10131 FL, L.L.C.  
Ref. Number: M12000002607

We have received your document for CVS 10131 FL, L.L.C. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The certificate of good standing you supplied does not reference a name change.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 615A00008906

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CVS 10131 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:

Seymour N. Singer  
Name of Person

Seymour N. Singer, P.A.  
Firm/Company

7401 Wiles Road, Suite 230  
Address

Coral Springs, Florida 33067  
City/State and Zip Code

seymour@seymoursingerpa.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Seymour N. Singer, Esq. at ( 954 ) 509-3807  
Name of Person Area Code & Daytime Telephone Number

**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:**

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of State: CVS 10131 FL, L.L.C.
2. The Florida document number of this limited liability company is: M12000002607
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: May 10, 2012

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: CCD PR NO 9, LLC  
(must contain "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 contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: JOSE VALLE

New Registered Office Address: 1553 San Ignacio Avenue  
Enter Florida Street Address

Coral Gables, Florida 33146-3090  
City Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
\_\_\_\_\_  
Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
- \_\_\_\_\_

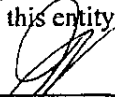
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8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CVS Pharmacy, Inc.	One CVS Drive Woonsocket, RI 02895	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Valle Family Properties, Inc.	1553 San Ignacio Ave. Coral Gables Florida 33146	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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9. Attached is a certificate, if required: 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 the authorized representative

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

**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 10131 FL, L.L.C.", CHANGING ITS NAME FROM "CVS 10131 FL, L.L.C." TO "CCD PR NO 9, LLC", FILED IN THIS OFFICE ON THE TWENTY-THIRD DAY OF APRIL, A.D. 2015, AT 10 O'CLOCK A.M.


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SECRETARY OF STATE  
CORPORATION DIVISION



5108935 8100

150591661

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: 2395447

DATE: 05-20-15

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 10:00 AM 04/23/2015  
FILED 10:00 AM 04/23/2015  
SRV 150591661 - 5108935 FILE

**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: CVB 10131 FL, L.L.C.

2. The Certificate of Formation of the limited liability company is hereby amended as follows: **First: and Adding an Article Fourth:**

First: **Name Change: CCD PR NO 9, LLC**  
**The Manager: The Manager of the limited liability company is Valle Family Properties, Inc.**  
Fourth: **The Member is: Gull House Limited No. 5**  
**The mailing address for the LLC and the Manager is c/o Valle Family Properties, Inc., 1553 San Ignacio Avenue, Coral Gables, FL 33146.**

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 22<sup>nd</sup> day of APRIL, A.D. 2015.

By:  \_\_\_\_\_  
Authorized Person(s)

Name: Jose Valle \_\_\_\_\_  
Print or Type

STATE OF DELAWARE  
DIVISION OF CORPORATIONS  
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