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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

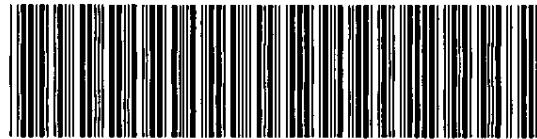
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HOTEL OF THE AMERICAS, 1101 BROADWAY AT SW 1ST
STREET, TALLAHASSEE, FLORIDA

RECEIVED
MILITARY

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

**FILING COVER SHEET
ACCT. #FCA-23**

CONTACT: KATIE WONSCH

DATE: 11/08/2013

REF. #: 7308618.8952910

CORP. NAME: CONRAD FLB PARTNERSHIP, LLC

2013 NEW - 9 12/12/12

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ARTICLES OF INCORPORATION ARTICLES OF AMENDMENT ARTICLES OF DISSOLUTION
 ANNUAL REPORT TRADEMARK/SERVICE MARK FICTITIOUS NAME
 FOREIGN QUALIFICATION LIMITED PARTNERSHIP LIMITED LIABILITY
 REINSTATEMENT MERGER WITHDRAWAL
 CERTIFICATE OF CANCELLATION
 OTHER:

STATE FEES PREPAID WITH CHECK# 70009606 FOR \$ 55.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$_____

PLEASE RETURN:

CERTIFIED COPY CERTIFICATE OF GOOD STANDING PLAIN STAMPED COPY

CERTIFICATE OF STATUS

Examiner's Initials

**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: CONRAD FLB PARTNERSHIP, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: May 9, 2013

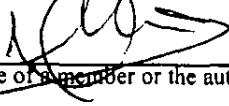
SECTION II (4-7 complete only the applicable changes)

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? October 29, 2013
5. New name of the limited liability company: CFLB Partnership, LLC
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")
N/A

(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

Jose E. Cabanas, Manager

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 "CONRAD FLB PARTNERSHIP, LLC", CHANGING ITS NAME FROM "CONRAD FLB PARTNERSHIP, LLC" TO "CFLB PARTNERSHIP, LLC", FILED IN THIS OFFICE ON THE TWENTY-NINTH DAY OF OCTOBER, A.D. 2013, AT 3:31 O'CLOCK P.M.

5204805 8100

131247155



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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0856624

DATE: 10-31-13

State of Delaware
Secretary of State
Division of Corporations
Delivered 03:36 PM 10/29/2013
FILED 03:31 PM 10/29/2013
SRV 131247155 - 5204805 FILE

STATE OF DELAWARE
CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: CONRAD CFLB PARTNERSHIP, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the limited liability company is:

CFLB PARTNERSHIP, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 29th day of October, A.D. 2013.

By: 

Authorized Person(s)

Name: JOSE E. CABANAS, Manager

Print or Type