

10/6/2017

Division of Corporations

M 1300008027  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations  
Fax Number : (850)617-6383  
From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (512)418-6949  
Fax Number : (954)208-0845

\*\*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  
MONOGRAM RESIDENTIAL DELRAY II PROJECT OWNER, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

2017 OCT -6 PM 03:05

TALLAHASSEE, FLORIDA

DIVISION OF CORPORATIONS

17 OCT -6 AM 9:12

FILED

SIMMONS  
OCT 09 2017

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: Monogram Residential Delray II Project Owner, LLC

Enter new principal office address, if applicable: 18 Broad Street, Suite 300 Charleston, SC 29401

Enter new mailing address, if applicable: 18 Broad Street, Suite 300 Charleston, SC 29401

2. The Florida document number of this limited liability company is: M13000068027

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/19/2013

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

5. New name of the limited liability company: GS Delray II Project Owner, 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 officer 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: C T Corporation System

New Registered Office Address: 1200 South Pine Island Road Enter Florida Street Address

Plantation Florida 33324 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.

James M. Halpin Assistant Secretary If Changing Registered Agent, Signature of New Registered Agent

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7 If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

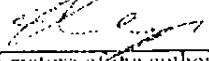
Adding A. Joshua Carper and GS Delray II Investors, LP as authorized persons; removing Monogram

Residential Delray II Investors, LP as authorized person.

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Vice President Authorized Person	A. Joshua Carper	18 Broad Street, Suite 300, Charleston, SC 29401	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
Member	GS Delray II Investors, LP	18 Broad Street, Suite 300, Charleston, SC 29401	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGRM	Monogram Residential Delray II Investors, LP	15001 Dallas Pkwy, Ste. 000, Addison, TX 75001	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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

A. Joshua Carper, Vice President

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

Filing Fee: \$25.00

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "MONOGRAM RESIDENTIAL DELRAY II PROJECT OWNER, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "GS DELRAY II PROJECT OWNER, LLC" ON THE NINETEENTH DAY OF SEPTEMBER, A.D. 2017, AT 7:02 O'CLOCK P.M.



5451596 8320  
SR# 20176500301

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

A handwritten signature in black ink, appearing to read "JBULLOCK", written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203351950  
Date: 10-05-17