

714 00008464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

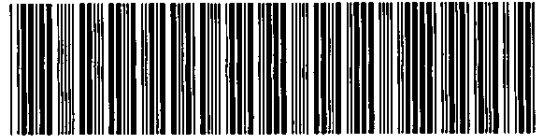
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2015 JAN - 7 A 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
DEPARTMENT OF STATE  
15 JAN - 7 AM 10:52

B. BOSTICK  
JAN - 8 2015  
EXAMINER

File first  
\*do not separate  
please\*

ACCOUNT NO. : I20000000195

REFERENCE : 449483 4302216

AUTHORIZATION :

COST LIMIT : \$25.00

*Spurlockman*

ORDER DATE : January 6, 2015

ORDER TIME : 3:19 PM

ORDER NO. : 449483-025

CUSTOMER NO: 4302216

FOREIGN FILINGS

NAME: 2014-4 IH2 BORROWER G.P. LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 2014-4 IH2 Borrower G.P. LLC  
\_\_\_\_\_  
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:

Kathryn Altomonte

\_\_\_\_\_  
Name of Person

Simpson Thacher & Bartlett

\_\_\_\_\_  
Firm/Company

425 Lexington Avenue

\_\_\_\_\_  
Address

New York, NY 10017

\_\_\_\_\_  
City/State and Zip Code

kathryn.altomonte@stblaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathryn Altomonte at ( 212 ) 455-2322

\_\_\_\_\_  
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

CR2E055 (12/13)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY 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: 2014-4 IH2 Borrower G.P. LLC

2. Jurisdiction of its organization: Delaware

*1114-8464*

3. Date authorized to do business in Florida: November 24, 2014

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

4. New name of the limited liability company: 2015-1 IH2 BORROWER G.P. LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

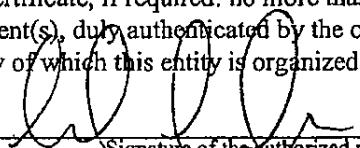
(If name unavailable, enter alternate name adopted for the purpose of transacting business in  
Florida and attach a copy of the written consent of the managers or managing members adopting  
the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C."  
or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate  
that change: 2015-1 IH2 Equity Owner L.P., the sole member addressed at:

c/o Invitation Homes, 901 Main Street, Suite 4700, Dallas, TX 75202

7. Attached is an original 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

Jonathan Olsen, Managing Director, Capital Markets of 2015-1 IH2 Equity Owner G.P. LLC,  
the general partner of 2015-1 IH2 Equity Owner L.P., its sole member

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

**Filing Fee: \$25.00**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "2014-4 IH2 BORROWER G.P. LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "2015-1 IH2 BORROWER G.P. LLC", THE EIGHTEENTH DAY OF DECEMBER, A.D. 2014, AT 6:13 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

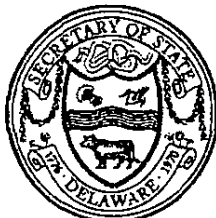
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5642302 8320

150012859

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: 2012901

DATE: 01-06-15