

M 13000007934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

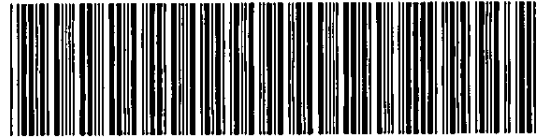
(Business Entity Name)

(Document Number)

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

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RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2014 MAY -2 PM 3:14  
NOT RECORDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
2014 MAY -2 AM 10:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 116441 4302216

AUTHORIZATION :

COST LIMIT : \$ 25.00

*Spurlockman*

ORDER DATE : May 2, 2014

ORDER TIME : 10:29 AM

ORDER NO. : 116441-005

CUSTOMER NO: 4302216

*Please file 1st.*

FOREIGN FILINGS

NAME: 2014 - SFR1 BORROWER GP 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: Chasity Busbee -- EXT#

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

**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-SFR1 Borrower G.P. LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 12/16/2013

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

4. New name of the limited liability company: 2014-1 IH 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: The member's name is hereby: 2014-1 IH Equity Owner L.P.

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

Devin Peterson, Managing Dir., VP and Authorized Person

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

**Filing Fee: \$25.00**

FILED  
2014 MAY -2 AM 10:26  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

# Delaware

PAGE 1

*The First State*

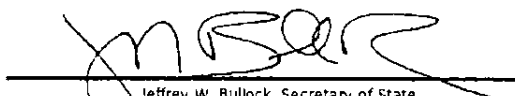
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "2014-SFR1 BORROWER G.P. LLC", CHANGING ITS NAME FROM "2014-SFR1 BORROWER G.P. LLC" TO "2014-1 IH BORROWER G.P. LLC", FILED IN THIS OFFICE ON THE TWENTY-FIFTH DAY OF APRIL, A.D. 2014, AT 2:34 O'CLOCK P.M.

5429856 8100

140520263



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: 1322690

DATE: 04-25-14

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 03:06 PM 04/25/2014  
FILED 02:34 PM 04/25/2014  
SRV 140520263 - 5429856 FILE

**STATE OF DELAWARE**  
**CERTIFICATE OF AMENDMENT TO THE CERTIFICATE OF FORMATION**

It is hereby certified that:

FIRST: The name of the limited liability company is 2014-SFR1 Borrower G.P. LLC.

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

1. The name of the limited liability company formed hereby is 2014-1 IH Borrower G.P. LLC (the "Company").

IN WITNESS WHEREOF, the undersigned has executed this Certificate on the 25<sup>th</sup> day of April, 2014.

By: /s/ Devin Peterson  
Devin Peterson, Managing Dir. & Vice President  
Authorized Person