

B14 000000 265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

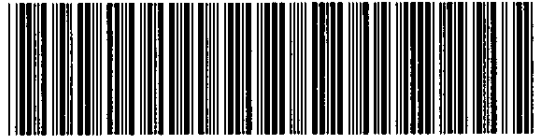
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200265723032

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

FILED  
2015 JAN - 7 A 9:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

JAN - 8 2015

EXAMINER

File second  
do not separate  
please \*

ACCOUNT NO. : I20000000195

REFERENCE : 449483 4302216

AUTHORIZATION :

COST LIMIT : \$52.50

*Lyndee*

ORDER DATE : January 6, 2015

ORDER TIME : 3:32 PM

ORDER NO. : 449483-075

CUSTOMER NO: 4302216

FOREIGN FILINGS

NAME: 2014-4 IH2 BORROWER L.P.

☐ 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: \_\_\_\_\_

FILED  
2015 JAN -7 A 9:48  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 2014-4 IH2 Borrower L.P.  
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Kathryn Altomonte

Contact 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

Name of Contact Person

at ( 212 )

455-2322

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee

☐ \$61.25 Filing Fee  
and Certificate of  
Status

☐ \$105.00 Filing Fee  
and Certified Copy

☐ \$113.75 Filing Fee,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 JAN -7 A 9:48

FILED

**AMENDMENT TO CERTIFICATE OF AUTHORITY  
FOR  
FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:

2014-4 IH2 Borrower L.P.

2. The jurisdiction of its formation is: Delaware

B14-265

3. The date the entity was authorized to transact business in Florida is: 11/24/2014

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

2015-1 IH2 BORROWER L.P.

*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.*

*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.*

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:

Business Address:

2015-1 IH2 Borrower G.P. LLC

901 Main Street, Suite 4700

Dallas, TX 75202

M14-8464

2015 JAN -7 A 9:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

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

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

---

---

---

---

---

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

☐

The entity elects to be a limited liability limited partnership.

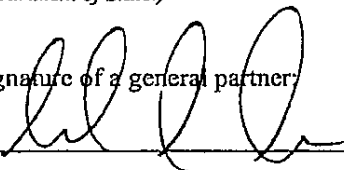
☐

The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, 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.

10. Effective date, if other than the date of filing: \_\_\_\_\_  
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature of a general partner:



Typed or printed name:

Jonathan Olsen, as Managing Director, Capital Markets of 2015-1 IH2  
Borrower G.P. LLC, its general partner

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 JAN -7 A 9:48

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 L.P.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "2015-1 IH2 BORROWER L.P.", THE EIGHTEENTH DAY OF DECEMBER, A.D. 2014, AT 6:17 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED PARTNERSHIP 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.

FILED

2015 JAN -7 A 9:48

SECRETARY OF STATE  
DELAWARE



5642305 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: 2012902

DATE: 01-06-15