

8/23/2018

Division of Corporations

M130000006869

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

((H180002472773))



H180002472773ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FC400000023
Phone : (614)280-3338
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: _____

FILED
18 AUG 23 AM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



RECEIVED

2018 AUG 23 AM 11:53

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LSREF2 TRACTOR REO (WINTER HAVEN), LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

AUG 24 2018

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)

FILED 18 AUG 23 AM 3:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. Name of limited liability Company as it appears on the records of the Florida Department of State: LSREF2 Tractor REO (Winter Haven), LLC

Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M13000006869

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 10/30/2013

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

5. New name of the limited liability company: SFFL001 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: New Registered Office Address: Enter Florida Street Address, Florida, 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.

If Changing Registered Agent, Signature of New Registered Agent

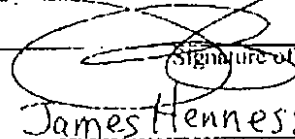
FILED
18 AUG 23 AM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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
 James Hennessey

 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 THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "LSREF2 TRACTOR REO (WINTER HAVEN), LLC", CHANGING ITS NAME FROM "LSREF2 TRACTOR REO (WINTER HAVEN), LLC" TO "SFFL001 OWNER LLC", FILED IN THIS OFFICE ON THE TWENTY-FIRST DAY OF NOVEMBER, A.D. 2017, AT 3:45 O' CLOCK P.M.

FILED
 18 AUG 23 AM 3:52
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Jeffrey W. Bullock
 Jeffrey W. Bullock, Secretary of State

5419716 8100
 SR# 20177197767

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

Authentication: 203620998
 Date: 11-22-17

State of Delaware
Secretary of State
Division of Corporations
Delivered 03:45 PM 11/21/2017
FILED 03:45 PM 11/21/2017
SR 20177197767 File Number 5419716

CERTIFICATE OF AMENDMENT

TO

CERTIFICATE OF FORMATION

OF

LSREF2 TRACTOR REO (WINTER HAVEN), LLC

FILED
18 AUG 23 AM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

It is hereby certified pursuant to Section 18-202 of the Delaware Limited Liability Company Act that:

1. The name of the limited liability company (hereinafter called the "Company") is LSREF2 TRACTOR REO (WINTER HAVEN), LLC.

2. The Certificate of Formation of the Company is hereby amended to effect a change in Article I thereof, relating to the name of the Company, accordingly Article I of the Certificate of Formation shall be amended to read in its entirety as follows:

"ARTICLE I - The name of the limited liability company is SFFL001 Owner LLC."

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment as of this 21st day of November, 2017.

By: /s/ Sara Handibode
Sara Handibode, Authorized Person