A0600000922

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	= #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



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DEC 0 8 2017 Y SULKER CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 944015 7170034

AUTHORIZATION : Smell BC

COST LIMIT : \$\frac{1}{0}5'.00

ORDER DATE: December 7, 2017

ORDER TIME : 1:37 PM

ORDER NO. : 944015-020

CUSTOMER NO: 7170034

DOMESTIC AMENDMENT FILING

NAME: SILURIAN POND, LTD.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration S				
Division of Corporations Silurian Pond, Ltd.				
SUBJECT: Name of Florida Limited Partnership or Limited Liability Limited Partnership				
The enclosed Certificate of Amendment and fee(s) are submitted for filing.				
Please return all corr	espondence concernit	ng this matter to:		
Kristin D. Biehl				
	Contact Person			
The PNC Financial Serv	ices Group, Inc.			
	Firm/Company			
300 Fifth Avenue, 19th	Floor			
	Address	 		
Pittsburgh, PA 15222				
(City, State and Zip Code			
kristin.biehl@pnc.com				
E-mail address: (to	be used for future annual	report notification)		
For further informati	on concerning this ma	atter, please call:		
Kristin D. Biehl		at (412)	762-1532	
Name of Contact Person			ime Telephone Number	
Enclosed is a check to	for the following amo	unt:		
☐ \$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		MAILING ADDRESS: Registration Section		
Division of Corporat	ions	Division of Corporations		
Clifton Building	·	P. O. Box 6327		
2661 Executive Cent		Tallahassee,	FL 32314	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

	Siluriar	Pond, Ltd.				
Insert name curren	ntly on file	e with Florida Departr	nent of State			
Pursuant to the provisions of section 620.1 limited liability limited partnership, whose 07/26/2006 , assign	e certific		the Florida De			
adopts the following certificate of amenda	nent to i	ts certificate of lin	nited partnersh	ip.		
This amendment is submitted to amend the foll	lowing:					
A. If amending name, enter the new name here:	of the li	mited partnership	or limited liabi	lity limited	parti	ership
nete.						
New name must be di	istinguish	able and contain an ac	ceptable suffix.			
Acceptable Limited Partnership suffixes: Limited I Acceptable Limited Liability Limited Partnership s	suffixes: I	imited Liability Limit	ed Partnership, L	بد <u>.</u>	**	
B. If amending mailing address and/or principal office address here:	princip	oal office address,	enter new ma	iling add	ressa E	nd/or
New Principal Office Addre	•cc.	c/o Columbia Housis	ng SLP Corporati	on .	T.	
(Must be STREET address)	<u> </u>	121 SW Morrison S		14. 4		
•		Portland, OR 97204		214 1 14	<u> </u>	
New Mailing Address:		c/o PNC - Kristin D	·····	21.	6.1.8	
(May be post office box)		300 Fifth Avenue, 19 Pittsburgh, PA 1522		<u> </u>		
C. If amending the registered agent and/or new registered agent and/or the new register			on our records	, enter the	<u>name</u>	of the
Name of New Registered Agent:	Corpora	ation Service Compan	у			
New Registered Office Address:	1201 H	ays Street Enter Flori	ida street addres	······································		
	Tallaha	ssee City	, Florida_	32301 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.

Roxanne Turner
Asst. Vice President

If Changing Registered Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
GP	Columbia Housing SLP Corporation	121 SW Morrison Street Suite 1300 Portland, OR 97204	
GP	TCG Silurian Pond, LLC	5255 NW 29th Avenue Miami, FL 33142	Add ■ Remove
			☐ Add ☐ Remove ☐ Add ☐ Remove
			□ Add □ Remove ♣
			□ Add □ Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

	This Limited	Partnership l	iereby el	lects to be a	"Limited Liabilit	y Limited Partnership."
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This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

F. If amending any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days afte State.) Note: If the date inserted in this block does not meet the applied be listed as the document's effective date on the Department	
Signature(s) of a general partner or all general	partners*:
(*NOTE: Only one current general partner is required to sig removing a "limited liability limited partnership" election sta when adding or removing a "limited liability limited partners	tement. Chapter 620, F.S., requires all general partners to sign
Signature(s) of all new or dissociating general p	artner(s), if any:
Harshir A. Rall	3
Kristin D. Biehl, Assistant Secretary	
Columbia Housing SLP Corporation	
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	