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AND ANASSEE, FLORIG

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: RST S	Springfield Plaza, LP
	rtnership or Limited Liability Limited Partnership
The enclosed Certificate of Amendment a	nd fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to:
Leah Williams	·
Contact Person	ant les
Pillar Income Asset Managem	ent, inc.
1603 LBJ Freeway, Suite	800
Address	
Dallas, Texas 75234	
City, State and Zip Code	
legal.department@pillarincor	ne.com
E-mail address: (to be used for future annual	
For further information concerning this m	atter, please call:
Legal Department	_at (469) 522-4200
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check 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:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section
Clifton Building	Division of Corporations P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

RST Spri	ngfield Plaza, LP			
	file with Florida Departm			
Pursuant to the provisions of section 620.1202, limited liability limited partnership, whose certi- June 14, 2014, assigned F adopts the following certificate of amendment to	ficate was filed with t lorida document numb	he Florida Depa per <u>A130</u>	ortment of State	on ,
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the here:	limited partnership o	r limited liability	limited partner	<u>ship</u>
	ns on Clearlake,			_
New name must be distingui	shable and contain an acc	eptable suffix.		
Acceptable Limited Partnership suffixes: Limited Partner Acceptable Limited Liability Limited Partnership suffixes B. If amending mailing address and/or prince	: Limited Liability Limited	d Partnership, L.L.		d/or
principal office address here:				
New Principal Office Address: (Must be STREET address)	1605 LBJ Freew Dallas, Texas 75		VLLAHAS VLLAHAS	
New Mailing Address: (May be post office box)			SEE, FL	
•			REDA	***************************************
C. If amending the registered agent and/or registered agent and/or the new registered off		n our records, <u>e</u>	nter the name o	f the
Name of New Registered Agent:	-	·	 	
New Registered Office Address:	Enter Florid	a street address		
	·	, Florida		
	City	Zip	Code	

New Registered Agent's Signature, if changing Registered Agent:

		If Changing Registered Age	ent, Signature of New Registered
	the general partner(s), ed from our records:	enter the name and business addre	ess of each general partne
<u>Citle</u>	<u>Name</u>	<u>Address</u>	Type of Action
·			Add Remove
			Add Remove
·			
			SSE P
			ORIE ORIENTALE O

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

This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

F. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
	 	
Dr. i i i i i i i i i i i i i i i i i i i	· · · · · · · · · · · · · · · · · · ·	
Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days afte. State.)	r the date this document is filed by the Florida Department of	
Signature(s) of a general partner or all general p	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	
	Roundstone Development, LLC,	
	its General Partner	
	By:	
	Clifton E. Phillips, President	
Signature(s) of all new or dissociating general pa	artner(s), if any:	
	L S C S C S C S C S C S C S C S C S C S	
	10	
Filing Fee: \$52.50		
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75		