

A130000000468

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
OCT 12 2016 10:23

FILED

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OCT 12 2016



October 11, 2016

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

Re: RST Willows on Clearlake Housing, LLC; Florida Document #:M13000005454
RST Willows on Clearlake, LP; Florida Document #: A13000000468

Dear Secretary of State:

With this letter, you will find the following:

1. Application by Foreign Limited Liability Company to File Amendment to Certificate of Authorization to Transact Business in Florida (the "Application") for RST Willows on Clearlake Housing, LLC amending (i) the entity name to RST Springfield Plaza Housing, LLC; and (ii) change of Managing Member. Also enclosed you will find check no. 3433 in the amount of \$25.00 for the filing fee; and
2. Certificate of Amendment to Certificate of Limited Partnership (the "Certificate") for RST Willows on Clearlake, LP amending the entity name to RST Springfield Plaza, LP. Also enclosed you will find check no. 3432 in the amount of \$52.50 for the filing fee.

Please file the Application for RST Willows on Clearlake Housing, LLC prior to filing the Certificate for RST Willows on Clearlake, LP.

If you have any questions or require additional information, please contact me at 469-522-4374 or leah.williams@pillarincome.com.

Sincerely,

Leah L. Williams
Corporate Paralegal

Browing Place
1603 LBJ Freeway
Suite 800
Dallas, Texas 75234
p. 469-522-4200
f. 469-522-4299
www.pillarincome.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RST Willows on Clear Lake, LP
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 correspondence concerning this matter to:

Leah Williams
Contact Person
Pillar Income Asset Management, Inc.
Firm/Company
1603 LBJ Freeway, Suite 800
Address
Dallas, Texas 75234
City, State and Zip Code
legal.department@pillarincome.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leah Williams at (469) 522-4374
Name of Contact Person 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

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF**

RST Willows on Clearlake, LP

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on August 30, 2013, assigned Florida document number A13000000468, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:

RST Springfield Plaza, LP

New name must be distinguishable and contain an acceptable suffix.

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.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address:
(Must be *STREET* address)

New Mailing Address:
(May be *post office box*)

NEW PRINCIPAL OFFICE ADDRESS	NEW MAILING ADDRESS

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SEP 3 4 10 23
TALLAHASSEE, FLORIDA

C. If amending the registered agent and/or registered office 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.

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>	<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

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

- ☐ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- ☐ 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 change(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 after the date this document is filed by the Florida Department of State.)

Signature(s) of a general partner or all general partners*:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

RST Springfield Plaza Housing, LLC

By: RST Florida Housing, LLC,
its Managing Member

By:

Clifton E. Phillips, Managing Member



Signature(s) of all new or dissociating general partner(s), if any:

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

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2019 OCT 2 A 10:23
CLERK OF STATE
TALLAHASSEE, FLORIDA