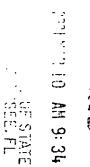
A2100000042

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

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ACCOUNT NO. : 12000000195				
REFERENCE : 698775 4321791				
AUTHORIZATION: Squelle Ren				
COST LIMIT : \$ 52.50				
ORDER DATE : March 10, 2021				
ORDER TIME : 11:20 AM				
ORDER NO. : 698775-010				
CUSTOMER NO: 4321791				
DOMESTIC AMENDMENT FILING				
NAME: SA RESIDENCES PRESERVATION, L.P.				
EFFECTIVE DATE:				
XX ARTICLES OF AMENDMENT				

CONTACT PERSON: Eyliena Baker -- EXT#

_____ CERTIFICATE OF GOOD STANDING

CERTIFIED COPY
XX PLAIN STAMPED COPY

RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

SA Residences	Preservation, L.P.	
Insert name currently on	file with Florida Dep	artment of State
Pursuant to the provisions of section 620.1202, limited liability limited partnership, whose certificate january 22, 2021, adopts the following certificate of amendment to	ficate was filed w orida document r	ith the Florida Department of State on umber A21000000042
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the here:	limited partnersh	ip or limited liability limited partnership
New name must be distinguis	shable and contain ar	acceptable suffix
Acceptable Limited Parmership suffixes: Limited Parmer Acceptable Limited Liability Limited Parmership suffixes		
B. If amending mailing address and/or prince principal office address here:	ipal office addre	ss, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)		
New Mailing Address: (May be post office box)		
C. If amending the registered agent and/or regisnew registered agent and/or the new registered off		
Name of New Registered Agent:		
New Registered Office Address:	Enter F	orida 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>	Name	Address	Type of Action
GP	RA Initial Partner, LLC	c:o Related, 30 Hudson Yards 72nd Floor New York, NY 10001	Add ■ Remove
GP	Rainbow Housing Assistance Corporation	18001 N 79th Ave Ste 72E Glendale, AZ 85308	Add □ Remove
			
			Add 9 99 Remove 99 35
			\ Add \ Remove
			□ Add □ Remove

E. If the limited partnership or limited Hability 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 cl	hange(s) here: (Attach additional sheets, if necessary.)
Effective data if other than the data of films	
Effective date, if other than the date of filing: Effective date cannot be prior to nor more than 90 days aft State.)	ter the date this document is filed by the Florida Department of
Note: If the date inserted in this block does not meet the app be listed as the document's effective date on the Departmen	
Signature(s) of a general partner or all general	partners*:
	ign this document unless the limited partnership is adding or tatement. Chapter 620, F.S., requires all general partners to signship" election statement.)
RA Initial Partner, LLC, By: David Pearson, VP	
	
Signature(s) of all new or dissociating general 1	partner(s), if any:
RA Initial Partner, LLC, By: David Pearson, VP	Rainbow Housing Assistance Corporation,
	By: Flynann Janisse, Executive Director
Tes	for lains
	3 Square grands
Filing Fee: \$52.50	
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	