11/3/23, 5:28 PM

To:

Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION LINCOLN APARTMENT MANAGEMENT LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	1
Page Count	04
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To:

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AMENDMENT TO CERTIFICATE OF AUTIIORITY FOR FOREIGN LIMITED PARTNERSHIP OR

LIMITED LIABILITY LIMITED PARTNERSHIP

The name of the limited partnership or limite the Florida Department of State is: Lincoln Apartment Management Limited Partners		rs on the records of
2. Document Number of Foreign Limited Partne B01000000258	ership or Limited Liability Limited Partne	ership: _
2. The jurisdiction of its formation is: Delaware		
3. The date the entity was authorized to transact	t business in Florida is: 07/25/2001	
4. If the amendment changes the name of the linthe new name: Willow Bridge Apartment Management L.P. Acceptable Lamited Partnership suffixes: Lamited Partnership suffixes	ership, Limited, J.P., LP, or Ltd	
(If name unavailable in Florida, enter alternate n Florida.)	name adopted for the purpose of transaction	ng business in
5. If the amendment changes the general partne Name:	r(s), list the name and business address of <u>Business Address:</u>	f each general partner
WB Multifamily GP LLC	2000 McKinney Ave, Suite 1100	⊠Add
	Dallas, TX 75201	Remove Co
		Add _ p Remove Change ω
		AddRemoveChange
		☐Add ☐Remove ☐Change
		Add Remove Change
		Add Remove Change

To:

6. If the amenda	ent changes the jurisdic	ction of organizat	ion, indicate new jurisd	liction:
7. If the amendment corrected and the	ent corrects any false si correction:	tatement listed in	the application, indicat	e the statement being
8. If the amendmenthe appropriate be		in election to be a	limited liability limited	I partnership statement, check
	The entity elects to be a	limited liability	imited partnership.	
	The entity is no longer :	a limited liability	limited partnership.	
				aforementioned jurisdiction under the law of
10. Effective date	e, if other than the date	of filing:		of filing or more than 90
(lf an effective da days after filing.)	te is listed, the date mus	st be specific and	cannot be prior to date	of filing or more than 90
Note: If the date	inserted in this block of as the document's effort			filing requirements, this date s records
Signature of a ger	ieral partner:			
Danny Do	wns			
Typed or printed i				
• • •	thorized Representative		_	
Filing Fee: Certified Copy (c Certificate of Sta	optional); itus (optional): \$8.75	\$52.50 \$52.50		

To:



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WILLOW BRIDGE APARTMENT MANAGEMENT L.P." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF NOVEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

3411703 8300

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Date: 11-01-23