

B13000000 341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

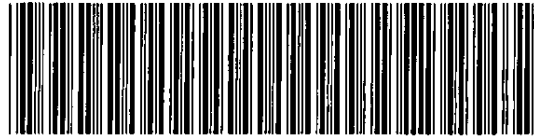
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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FILED
17 APR 28 AM 9:15

SECRETARY OF STATE
JULIA A. GARRARD
TALLAHASSEE, FLORIDA

2017 APR 28 AM 11:01

SECRETARY OF STATE
JULIA A. GARRARD
TALLAHASSEE, FLORIDA

MAY 01 2017
J. HARRIS

PLEASE FILE SECOND

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 615790 4302216

AUTHORIZATION

COST LIMIT : \$ 52.50

ORDER DATE : April 26, 2017

ORDER TIME : 3:40 PM

ORDER NO. : 615790-020

CUSTOMER NO: 4302216

FOREIGN FILINGS

NAME: 2014-1 IH BORROWER L.P.

☐ CORPORATE
☒ LIMITED PARTNERSHIP
☐ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2014-1 IH Borrower L.P.

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Natalie Winkelman

Contact Person

Simpson Thacher & Bartlett LLP

Firm/Company

425 Lexington Avenue

Address

New York, NY 10017

City, State and Zip Code

natalie.winkelman@stblaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Natalie Winkelman

Name of Contact Person

at (**212**) **4553592**

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

**AMENDMENT TO CERTIFICATE OF AUTHORITY
FOR
FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:

2014-1 IH Borrower L.P.

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: B13000000341

2. The jurisdiction of its formation is: Delaware

3. The date the entity was authorized to transact business in Florida is: 12/16/2013

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

2017-1 IH Borrower L.P.

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.

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:

Business Address:

2017-1 IH Borrower G.P. LLC

1717 Main Street, Suite 2000, Dallas, TX 75201

☐ Add

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6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

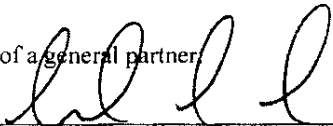
8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

- ☐ The entity elects to be a limited liability limited partnership.
- ☐ The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

10. 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 of a general partner:



Typed or printed name:

Jonathan Olsen, as Senior Vice President and Managing Director of 2017-1 IH Borrower G.P. LLC, its general partner

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

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SECRETARY OF STATE
17 APR 28 AM 9:15

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "2014-1 IH BORROWER L.P.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "2017-1 IH BORROWER L.P." ON THE FOURTH DAY OF APRIL, A.D. 2017, AT 5:17 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE TWENTY-EIGHTH DAY OF APRIL, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



5429857 8320
SR# 20172885223

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202452908
Date: 04-28-17