

# B220000000363

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

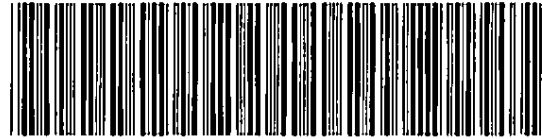
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_

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2023 JUL 13 PM 3:50

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JUL 19 2023

2023 JUL 18 AM 10:16

**CT CORP**  
**(850)656-4724**  
**3458 Lakeshore Drive,**  
**Tallahassee, FL 32312**

**Date:** 07/18/2023

Acc#120160000072

*en: c DW*

Name:	SCH 133 Delray, L.P.
Document #:	
Order #:	15036951

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **105.00**

**Thank you!**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SCH 133 Delray, 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:

Trevin Chae Studebaker  
\_\_\_\_\_  
Contact Person

Crow Holdings Development  
\_\_\_\_\_  
Firm/Company

3819 Maple Avenue  
\_\_\_\_\_  
Address

Dallas, Texas 75219  
\_\_\_\_\_  
City, State and Zip Code

estudebaker@crowholdings.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Trevin Chae Studebaker at (214) 922-8400  
\_\_\_\_\_  
Name of Contact Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee<br>and Certificate of<br>Status | <input checked="" type="checkbox"/> \$105.00 Filing Fee<br>and Certified Copy | <input type="checkbox"/> \$113.75 Filing Fee,<br>Certified Copy, and<br>Certificate of Status |
|---|---|---|---|

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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:  
SCH 133 Delray, L.P.

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: B22000000363

2. The jurisdiction of its formation is: Delaware

3. The date the entity was authorized to transact business in Florida is: July 13, 2022

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

*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.*

(If name unavailable in Florida, enter alternate name adopted for the purpose of transacting business in Florida.)

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

<u>Maple Multi-Family Development, L.L.C.</u>	<u>3889 Maple Avenue, Suite 200</u>	<input type="checkbox"/> Add
	<u>Dallas, Texas 75219</u>	<input checked="" type="checkbox"/> Remove
		<input type="checkbox"/> Change
<u>Residential LTH GP, L.L.C.</u>	<u>3819 Maple Avenue</u>	<input checked="" type="checkbox"/> Add
	<u>Dallas, Texas 75219</u>	<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
<u></u>	<u></u>	<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
<u></u>	<u></u>	<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
<u></u>	<u></u>	<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change

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

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

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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: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature of a general partner:



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Typed or printed name:

Trevin Chae Studebaker, Assistant Secretary of Residential LTH GP, L.L.C., a Delaware limited liability company, the general partner

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