# B22000000525

(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:				
J. HORING				
JUL 18 2024				

Office Use Only

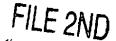


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2024 JUL 17 AMII: 2

RECEIVED



CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext:

To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext:

Date: 07/16/24 Order #: 1568515-2

Re: 2024-1 IH BORROWER LP Processing Method: Routine

#### TO WHOM IT MAY CONCERN:

Enclosed please find:

Supporting Documents

Amount to be deducted from our State Account: \$25.00 - FL State Account Number: I2000000195
AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

### **COVER LETTER**

~	ation Section n of Corporations		
SUBJECT: 20	)22-1 IH Borrower LP		
3003DC1	Name of Foreign Limited	Partnership or Limited I.	iability Limited Partnership
The enclosed a	mendment and fee(s) are so	ubmitted for filing.	
Please return al	Il correspondence concerni	ng this matter to:	
Anitra Fludd			
	Contact Person		
Invitation Home:	s		
	Firm/Company		
5420 LBJ Freew	vay, Suite 600		
	Address		
Dallas, Texas 75	5240 ————————————————————————————————————		
	City, State and Zip Code		
entity@invitation	nhomes.com		
E-mail addre	ess: (to be used for future annual	report notification)	
For further info	rmation concerning this m	atter, please call:	
Anitra Fludd		972 at (	421-3513
Name	of Contact Person	Area Code	Daytime Telephone Number
Enclosed is a cl	neck for the following amo	ount:	
S52.50 Filing	Fee S61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fand Certified Copy	Fee S113.75 Filing Fee, Certified Copy, and Certificate of Status
Registra Division P.O. Bo	Address: ation Section of Corporations ox 6327 ssee, FL 32314	Re Di Ti 24	reet Address: egistration Section ivision of Corporations ne Centre of Tallahassee 115 N. Monroe Street, Suite 810 nllahassee, FL 32303

## AMENDMENT TO CERTIFICATE OF AUTHORITY FOR

## FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

the Florida Department of State is:  2022-1 IH Borrower LP	a nability limited partnership as it appears	on the records of
Document Number of Foreign Limited Partne B22000000525	ership or Limited Liability Limited Partner	ship: _
2. The jurisdiction of its formation is: Delawa	<u>re</u>	
3. The date the entity was authorized to transac	t business in Florida is: 11/14/2022	
If the amendment changes the name of the lithe new name:  2024-1 IH Borrower LP		d partnership, enter
Acceptable Limited Parmership suffixes: Limited Parm Acceptable Limited Liability Limited Parmership suffix	ership, Limited, L.P., LP, or Ltd. 28: Limited Liability Limited Partnership, L.L.L.F	P. or LLLP.
(If name unavailable in Florida, enter alternate i Florida.)	name adopted for the purpose of transacting	g business in
5. If the amendment changes the general partne Name:	er(s), list the name and business address of Business Address:	each general partner:
2024-1 IH Borrower GP LLC	5420 LBJ Freeway, Suite 600	∏Add
	Dallas, Texas 75240	☐Remove ■Change
		Add □Remove □Change
		Add Remove Change
		Add □Remove □Change
		Add Remove Change
		AddRemoveChange

6. If the amendment chang	ges the jurisdiction of organization, indicate n	ew jurisdiction:
7. If the amendment corrected and the correction	ects any false statement listed in the application:	n, indicate the statement being
8. If the amendment is to a the appropriate box:	add or delete an election to be a limited liabili	ity limited partnership statement, check
The entity	y elects to be a limited liability limited partner	rship.
The entity	y is no longer a limited liability limited partne	ership.
	certificate, no more than 90 days olds, eviden nticated by the official having custody of recozed.	
10. Effective date, if other (If an effective date is listed days after filing.)	r than the date of filing: d, the date must be specific and cannot be pri	or to date of filing or more than 90
Note: If the date inserted	in this block does not meet the applicable socument's effective date on the Department	
Signay of before part	ner:	
Typed or printed name:		
Mark Solls		
Filing Fee: Certified Copy (optional) Certificate of Status (opti		

<u>Delaware</u>

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "2022-1 IH BORROWER

LP", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO

"2024-1 IH BORROWER LP" ON THE THIRD DAY OF JULY, A.D. 2024, AT

8:18 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED

PARTNERSHIP 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.



Jeffrey W. Bulloch, Secretary of State

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