

B230000000378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

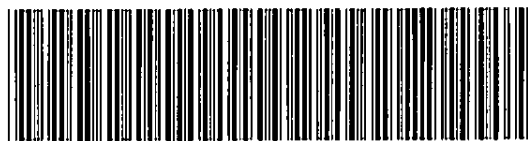
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

GP- filed on 5/5/25

Office Use Only



700449951197

FILED
2025 MAY -5 PM 4:33
TALLAHASSEE, FLORIDA

RECEIVED
2026 MAY -1 PM 12:41
TALLAHASSEE, FLORIDA

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

Date: 05/01/2025
Acc#I20160000072

en: c DW

Name:	FKH SFR P, L.P.
Document #:	
Order #:	16291095

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"/>	Email Address for Annual Report Notifications: <div></div>
	Plain: <input type="checkbox"/>	
	COGS: <input type="checkbox"/>	

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

Amount: \$ **105.00**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FKH SFR P, 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:

Melanie Fisher

Contact Person

FirstKey Homes, LLC

Firm/Company

600 Galleria Parkway, Suite 300

Address

Atlanta, GA 30339

City, State and Zip Code

legal@firstkeyhomes.com

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

For further information concerning this matter, please call:

Melanie Fisher

at (904)

742-4209

Name of Contact Person

Area Code

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 2, 2025

CT CORP

SUBJECT: FKH SFR P, L.P.
Ref. Number: B23000000378

CORRECTED
Please Allow For
Same File Date

We have received your document for FKH SFR P, L.P. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 525A00009528

RECEIVED
2025 MAY 12 AM 10:00
TALLAHASSEE, FLORIDA

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

FILED

2025 MAY -5 PM 4: 33

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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:
FKH SFR P, L.P.

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: B23000000378

2. The jurisdiction of its formation is: Delaware

3. The date the entity was authorized to transact business in Florida is: 11/29/202.

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 L.L.L.P.

(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>Cerberus SFR Holdings III GP, LLC</u>	<u>875 Third Ave., 10th FL</u>	<input type="checkbox"/> Add
	<u>New York, NY 10022</u>	<input checked="" type="checkbox"/> Remove
		<input type="checkbox"/> Change
<u>FKH SFR P GP, LLC</u>	<u>875 Third Ave., 10th FL</u>	<input checked="" type="checkbox"/> Add
	<u>New York, NY 10022</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:

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: _____ (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:

Marc Toscano

Typed or printed name:

Marc Toscano, Manager

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

FILED
2025 MAY -5 PM 4:33
TALLAHASSEE, FLORIDA