Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : STUDENT HOUSING PARTNERS

Account Number: I20120000080 : (850)580-3131

Phone Fax Number

-- (850)224-4169-850-580-3223

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STUDENT HOUSING RENTALS, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$25.00 |

Help

## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |  |   |   |                  |    |
|--|--|---|---|------------------|----|
|  | ousing Rentals, LLC                          |   |   |                  |    |
| SUBJECT:                               | Name of Lim                                  | ited Liability Company  |   |                  |    |
| The enclosed Articles of               | Amendment and fee(s) are sub                 | mitted for filing.  |   |                  |    |
| Please return all correspo             | ondence concerning this matter               | to the following:   |   |                  |    |
|  | Jennifer Pearce                              |   | 1976, 1-1   | 2011 JUL         | 71 |
|  |  | Name of Person  |   | ·                |    |
|  | Student Housing Solutions                    | ;   | ر.<br>ن   | <u>.</u><br>21   |    |
|  |  | Firm/Company  |   | <ر ·<br>س        |    |
|  | 2020 W Pensacola Street S                    | STE 300   |   | > 6:19           |    |
|  |  | Address   | 1   | . 2              |    |
|  | Tallahassee, FL 32304                        |   |   |                  |    |
|  | jennifer@shsweb.us                           | City/State and Zip Code   |   |                  |    |
|  | E-mail address: (                            | to be used for future annual report notifi                          | cation)   |                  |    |
| For further information of             | oncerning this matter, please c              | all:  |   |                  |    |
| Shannon Ellis                          |  | 850 580-0000  |   |                  |    |
| Name o                                 | of Person                                    | at ()<br>Area Code Daytime  | Telephone Number  |                  |    |
| Enclosed is a check for the            | he following amount:                         |   |   |                  |    |
| ■ \$25.00 Filing Fee                   | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing<br>Certificate o<br>Certified Copy<br>(additional copy | f Status &<br>py |    |
| MAIL                                   | ING ADDRESS:                                 | STREET/COURIE   | ER ADDRESS:   |                  |    |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Student Housing Rentals, LLC.  |   |                                |
|--|---|--------------------------------|
| ( <u>Name of the Limited Liability Compa</u><br>(A Florida Limited I   | <u>ny as it now appears on our records</u><br>Jability Company) | <u></u> )                      |
| The Articles of Organization for this Limited Liability Company  | and assigned  |                                |
| Florida document number L12000097351   |   |                                |
| This amendment is submitted to amend the following:  |   |                                |
| A. If amending name, enter the new name of the limited liab  | ility company here:   |                                |
| SHR Housing, LLC   |   |                                |
| The new name must be distinguishable and contain the words "Limited Liabil   | ity Company," the designation "LLC"                             | " or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  | 2020 W Pensacola Street   | > 111                          |
| Principal office address MUST BE A STREET ADDRESS)   | STE 300   | _ {                            |
|  | Tallahassee, FL 32304   | <u> </u>                       |
| Enter new mailing address, if applicable:  "Mailing address MAY BE A POST OFFICE BOX"                                  |   |                                |
| 3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here |   | , enter the name of the        |
| Name of New Registered Agent:  |   |                                |
| New Registered Office Address:   | Enter Florida street address                                    | s                              |
|  |   |                                |
|  | , Flo   | orida<br>Zip Code              |

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

| AMBR =       | AMBR = Authorized Member |              |                       |  |  |
|--------------|--------------------------|--------------|-----------------------|--|--|
| <u>Title</u> | <u>Name</u>              | Address      | Type of Action        |  |  |
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| F Fffee                 | ctive date, if other than the date of filing: (op   | tional)       |                             |                 |
| (If an e<br><u>Note</u> | tive date, if other than the date of filing:  | er filing.) P |                             |                 |
|                         | ecord specifies a delayed effective date, but not an effective time, at 12:01 e 90th day after the record is filed. | a.m. or       | the ear                     | lier of:        |
| Dated                   | 1. /1/1/l 22 2018   |               |                             |                 |
|                         |   |               |                             |                 |
|                         | Signature of a member or authorized representative of a member  |               |                             |                 |
|                         | Jennifer Pearce   |               |                             |                 |

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Filing Fee: \$25.00

Typed or printed name of signee