

MO1000000652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

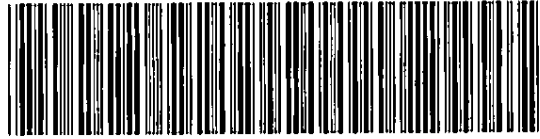
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500370210995

RECEIVED  
2021 AUG 20 AM 11:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED  
2021 AUG 20 AM 10:04  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

ACCOUNT NO. : I20000000195

REFERENCE : 970265 5124005

AUTHORIZATION :



COST LIMIT : \$ 30.00

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ORDER DATE : August 20, 2021

ORDER TIME : 11:02 AM

ORDER NO. : 970265-020

CUSTOMER NO: 5124005  
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FOREIGN FILINGS

NAME: AIMCO/SWAP, L.L.C.

\_\_\_\_ CORPORATE  
\_\_\_\_ LIMITED PARTNERSHIP  
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61592

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AIMCO/Swap, L.L.C.  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Debra McDonald  
Name of Person

AIR Communities  
Firm/Company

4582 S. Ulster St., Suite 1700  
Address

Denver, CO 80237  
City/State and Zip Code

debra.mcdonald@aircommunities.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debra McDonald at (303) 757.8101  
Name of Person Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: AIMCO/Swap, L.L.C.

Enter new principal office address, if applicable: \_\_\_\_\_

**(Principal office address  
MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable: \_\_\_\_\_

**(Mailing address  
MAY BE A POST OFFICE BOX)**

2. The Florida document number of this limited liability company is: M01000000652

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: March 23, 2001

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: AIR/Swap, L.L.C.  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City 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

FILED  
2021 MAR 23 AM 10:04  
CLERK OF STATE  
TALLAHASSEE FL

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

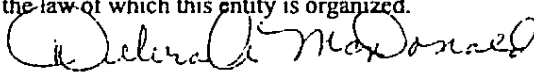
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8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

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<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	AIMCO Properties, L.P.	4582 S. Ulster St., Suite 1700	<input type="checkbox"/> Add
		Denver, CO 80237	<input checked="" type="checkbox"/> Remove
MGRM	Apartment Income REIT, L.P.	4582 S. Ulster St., Suite 1700	<input checked="" type="checkbox"/> Add
		Denver, CO 80237	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, 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.



Signature of the authorized representative

Debra A. McDonald

Typed or printed name of signee

Filing Fee: \$25.00

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "AIMCO/SWAP, L.L.C.", CHANGING ITS NAME FROM "AIMCO/SWAP, L.L.C." TO "AIR/SWAP, L.L.C.", FILED IN THIS OFFICE ON THE TWENTY-EIGHTH DAY OF JULY, A.D. 2021, AT 9:58 O`CLOCK A.M.



  
Jeffrey W. Bullock, Secretary of State

3371224 8100  
SR# 20212820881

Authentication: 203786019  
Date: 07-28-21

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: AIMCO/Swap, L.L.C.

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2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the limited liability company is  
AIR/Swap, L.L.C.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on  
the 27th day of July, A.D. 2021.

By: 

Authorized Person(s)

Name: Debra A. McDonald

Print or Type