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#### **COVER LETTER**

SUBJECT: Affordable Housing Management, LLC 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: Stacy Shumate Name of Person Affordable Housing Management, LLC Firm/Company 1 E. 4th Street, Suite 1400 Address Cincinnati, OH 45202 City/State and Zip Code sshumate@kmklaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Stacy Shumate Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: **☎** \$25 Filing Fee □ \$30 Filing Fee & □ \$55 Filing Fee & □ \$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy CR2E055 (12/13)

TO:

Registration Section
Division of Corporations

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

### **SECTION I (1-3 must be completed)**

Name of limited liability Company as it appears on the records of the Fl State: Affordable Housing Management of Nevada, LLC	orida Department of
Jurisdiction of its organization: Nevada	
Date authorized to do business in Florida: 9/30/2010	
ECTION II (4-7 complete only the applicable changes)	
. New name of the limited liability company: Silver Tree Residential, LLC (must contain "Limited Liability Cor	npany, ""L.L.C.," or "LLC.")
f name unavailable, enter alternate name adopted for the purpose of transalorida and attach a copy of the written consent of the managers or managine alternate name. The alternate name must contain "Limited Liability Corr" LLC.")	ng members adopting
If the amendment changes the jurisdiction of organization, indicate new	jurisdiction:
If the amendment changes person, title or capacity in accordance with 60 that change:	05.0902 (1)(e), indicate
Attached is an original certificate, if required: no more than 90 days old, aforementioned amendment(s), duly authenticated by the official having jurisdiction under the law of which this entity is organized.  Signature of the authorized representative	
Alan S. Fershtman	***
Typed or printed name of signee	, .co
Filing Fee: \$25.00	

SECRETARY OF STATE



### CERTIFICATE OF NAME CHANGE

I, ROSS MILLER, the duly qualified and elected Nevada Secretary of State, do hereby certify that on July 21, 2014, a Certificate of Amendment to its Articles of Organization changing the name to SILVER TREE RESIDENTIAL, LLC, was filed in this office by AFFORDABLE HOUSING MANAGEMENT, LLC. Said change of name has been made in accordance with the laws of the State of Nevada and that said Certificate of Amendment is now on file and of record in this office.



Certified By: Christine Rakow Certificate Number: C20140808-1485 You may verify this certificate online at http://www.nvsos.gov/ IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 8, 2014.

ROSS MILLER Secretary of State