



**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 : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (512) 418-6949  
Fax Number : (954) 208-0845

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SCG ATLAS BAYVIEW OWNER, L.L.C.**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

RECEIVED  
2017 AUG 29 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
17 AUG 29 PM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Help

**FAX COVER SHEET**

TO	
COMPANY	
FAXNUMBER	18506176383
FROM	Ranae McGraw
DATE	2017-08-29 15:34:46 CST
RE	SCG ATLAS BAYVIEW OWNER, L.L.C.

**COVER MESSAGE**

Tyler Theis  
Associate Fulfillment Specialist  
Global Fulfillment Team  
CT Corporation

Office (614) 280-3338  
[Tyler.Theis@wolterskluwer.com](mailto:Tyler.Theis@wolterskluwer.com)  
[GlobalFulfillmentTeam@wolterskluwer.com](mailto:GlobalFulfillmentTeam@wolterskluwer.com)



4400 Easton Commons Way Suite 125 Columbus, Ohio 43219  
[www.wolterskluwer.com](http://www.wolterskluwer.com)

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STATE  
OF FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SCG ATLAS BAYVIEW OWNER, 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:

A. Joshua Carper

Name of Person

GREYSTAR EQUITY PARTNERS IX, LP

Firm/Company

18 Broad Street, Suite 300

Address

Charleston, SC 29401

City/State and Zip Code

saskins@greystar.com

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

For further information concerning this matter, please call:

Charmaine Perdon

Name of Person

at (212) 801-9200

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

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

CR2E055 (9/15)

FILED  
AUG 29 AM 11:08  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

# 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: SCG ATLAS BAYVIEW OWNER, L.L.C.

Enter new principal office address, if applicable: 18 Broad Street, Suite 300

(Principal office address)

MUST BE A STREET ADDRESS

Charleston, South Carolina 29401

Enter new mailing address, if applicable:

(Mailing address)

MAY BE A POST OFFICE BOX

18 Broad Street, Suite 300

Charleston, South Carolina 29401

2. The Florida document number of this limited liability company is: M10000005794

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 12/29/2010

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

5. New name of the limited liability company: GS BAYVIEW, LLC

(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: NOT APPLICABLE

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

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

NOT APPLICABLE

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

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>GS BAYVIEW HOLDINGS, LLC</u>	<u>18 Broad Street, Suite 300</u>	<input checked="" type="checkbox"/> Add
		<u>Charleston, SC 29401</u>	<input type="checkbox"/> Remove
<u>Authorized Representative</u>	<u>James Kane</u>	<u>400 Galleria Parkway, Suite 1450</u>	<input type="checkbox"/> Add
		<u>Atlanta, GA 30339</u>	<input checked="" 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

A. Joshua Carper, Vice President of the Manager, GS Bayview Holdings, LLC

Typed or printed name of signee

**Filing Fee: \$25.00**

FILED  
AUG 29 4:11:08 PM  
2017  
SOUTH CAROLINA  
CLERK OF COURT  
JAMES W. HARRIS

# 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 "SCG ATLAS BAYVIEW  
OWNER, L.L.C.", CHANGING ITS NAME FROM "SCG ATLAS BAYVIEW  
OWNER, L.L.C." TO "GS BAYVIEW, LLC", FILED IN THIS OFFICE ON  
THE TWENTY-NINTH DAY OF AUGUST, A.D. 2017, AT 12:24 O'CLOCK  
P.M.

FILED  
AUG 29 PM 11:08  
SECRETARY'S OFFICE  
DELAWARE



4918921 8100  
SR# 20175930173

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

  
Jeffrey W. Bullock, Secretary of State

Authentication: 203138701  
Date: 08-29-17

CERTIFICATE OF AMENDMENT

TO

CERTIFICATE OF FORMATION

OF

SCG ATLAS BAYVIEW OWNER, L.L.C.

SCG Atlas Bayview Owner, L.L.C. (hereinafter called the "Company"), a limited liability company organized and existing under and by virtue of the Limited Liability Company Act of the State of Delaware, does hereby certify:

1. The name of the limited liability company is SCG Atlas Bayview Owner, L.L.C.
2. The first article of the certificate of formation of the Company is hereby amended and replaced in its entirety by the following new Article:

"1. The name of the limited liability company formed hereby is GS Bayview, LLC."

IN WITNESS WHEREOF, the undersigned executed this Certificate on this 29th day of August, 2017.

/s/ Louis Vitali

Name: Louis Vitali, Authorized Person