

12/27/18

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
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MELBOURNE LEASED HOUSING ASSOCIATES SLP I, LLC

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K. SALLY

AUG 24 2018

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Corporate Filing Menu

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FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	Ranae McGraw
DATE	2018-08-23 15:50:18 CST
RE	MELBOURNE LEASED HOUSING ASSOCIATES SLP I, LLC

COVER MESSAGE

Julie Outlaw
Associate Fulfillment Specialist
Fulfillment Operations
CT Corporation

Team (614) 280-3338
GlobalFulfillmentTeam@wolterskluwer.com

**Wolters Kluwer**

4400 Easton Commons Way Suite 125 Columbus, Ohio 43219
www.wolterskluwer.com

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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: Melbourne Leased Housing Associates SLP I, LLC

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: M12000004312

3. Jurisdiction of its organization: Minnesota

4. Date authorized to do business in Florida: 07/31/2012

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

5. New name of the limited liability company: Daytona Beach Leased Housing Associates GP II, 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: _____

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

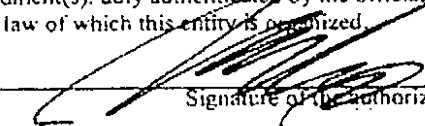
19542080845 From: Ranae McGraw
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

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>
VP	Mark G. Sween	2905 Northwest Boulevard, Suite 150	<input checked="" type="checkbox"/> Add
		Plymouth, MN 55441	<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
			<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
 Mark S. Moorhouse, Senior Vice President

 Typed or printed name of signer

Filing Fee: \$25.00



Work Item 990065200032
Original File Number 494578400075

STATE OF MINNESOTA
OFFICE OF THE SECRETARY OF STATE
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12/28/2017 11:59 PM

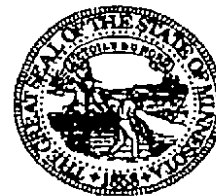
Steve Simon

Steve Simon
Secretary of State

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990652

Office of the Minnesota Secretary of State
Minnesota Limited Liability Company | Amendment to Articles of Organization
Minnesota Statutes, Chapter 322B or 322C



Read the instructions before completing this form.

Filing Fee: \$55 for expedited service in-person and online filings, \$35 if submitted by mail

1. List the name of this company currently on file with the Office of the Minnesota Secretary of State: (Required)

Melbourne Leased Housing Associates SLP I, LLC

2. The articles of organization for this Limited Liability Company are amended pursuant to Chapter 322B or 322C.

AMENDMENT OPTIONS: Complete as many amendment options as apply. Complete an option only if you are changing the information related to that option.

3. The company name is changed to:

Daytona Beach Leased Housing Associates GP II, LLC

4. The registered office address is changed to:

Street Address (A post office box by itself is not acceptable) _____ City _____ State MN Zip Code _____

5. The registered agent is changed to:

6. List the date the expiration date has changed to under the jurisdiction of its organization, or list the word "perpetual"

 mm/dd/yyyy or Perpetual

7. The business mailing address has changed to:

Address _____ City _____ State _____ Zip Code _____

8. Does the limited liability company elect to be governed under Minnesota Statutes, Chapter 322C and accept all of the duties and responsibilities set forth by that chapter? ☐ Yes ☐ No

If yes, then the Limited Liability Company elects to be governed under Chapter 322C effective either immediately upon filing, or at a stated date within 30 days after filing as allowed by 322B.175 _____

9. The articles of organization are otherwise amended as follows:

10. I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

If this filing is governed under Minnesota Statutes 322B, I certify that this Limited Liability Company has not yet elected to come under Minnesota Statutes 322C in its operating agreement.

Signature of Authorized Person or Authorized Agent _____

Date 12/28/2017

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