

M14 000006475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

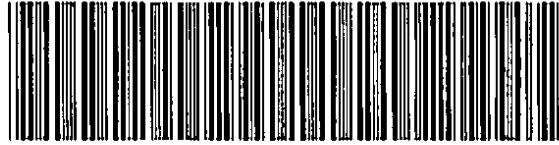
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

1/19/21

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LLC

Amend.

JAN 27 2021

D CONNELL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 16, 2020

ROUNDSTONE DEVELOPMENT, LLC
LEGAL DEPT.
1603 LBJ FREEWAY, SUITE 860
DALLAS, TX 75234

SUBJECT: RST MALLARD BAY HOUSING, LLC
Ref. Number: M14000006475

Upon receipt of your letter and/or check(s) totaling \$25.00, no document was found. Please send your document with any fees due to:

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

Please return a copy of this letter to ensure your money is properly credited.

We received this check with no attachments. To prevent delays in filing and improper application of fees, please return the check together with the appropriate document for processing.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 720A00025521



January 15, 2021

Via FedEx Priority Overnight Service

Tracking # 7826 7253 2677

Darlene Connell
Florida Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RE: RST Mallard Bay Housing, LLC – FL Document # M14000006475
Letter Number: 720A00025521

Dear Ms. Connell:

I am writing in respond to your letter dated December 16, 2020, a copy of which is enclosed, regarding our entity, RST Mallard Bay Housing, LLC. Per your letter, enclosed please find the following documents:

1. Cover letter for the amendment filing submission;
2. One (1) Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida, along with evidence of the file-stamped Certificate of Amendment in its domicile state of Nevada (collectively, the "Amendment");
3. One (1) duplicate copy of the Amendment; and
4. One (1) check in the amount of \$25.00 to cover the filing fee.

Please return a file-stamped copy to my attention once the amendment has been filed. If you should have any questions, please feel free to contact me at 469.522.4307 or by email at lily.guevara@pillarincome.com.

Sincerely,

A handwritten signature in black ink that reads "Lily Guevara". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Lily Guevara
Corporate Paralegal

/LG
Enclosures

Browning Place
1603 LBJ Fwy
Suite 600
Dallas, Texas 75234
D. 469.522.4200
F. 469.522.4299

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RST Mallard Bay Housing, 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:

Lily Guevara

Name of Person

Pillar Income Asset Management, Inc.

Firm/Company

1603 LBJ Freeway, Suite 800

Address

Dallas, TX 75234

City/State and Zip Code

legal.department@pillarincome.com

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

For further information concerning this matter, please call:

Lily Guevara

at (469) 522-4307

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:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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**

Original

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: RST Mallard Bay Housing, 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: M14000006475

3. Jurisdiction of its organization: Nevada

4. Date authorized to do business in Florida: 09/04/2014

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

5. New name of the limited liability company: _____
(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.

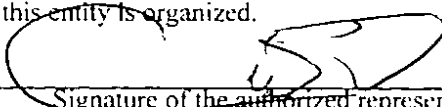
If Changing Registered Agent, Signature of New Registered Agent

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)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Managing Member	Roundstone Development, LLC	1603 LBJ Freeway, Suite 860 Dallas, Texas 75234	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
Managing Member	RST Florida Housing, LLC	1603 LBJ Freeway, Suite 860 Dallas, Texas 75234	<input checked="" 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

Clifton E. Phillips, Managing Member

Typed or printed name of signee

Filing Fee: \$25.00



BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

Filed in the Office of <i>Barbara K. Cegavske</i>	Business Number E0446112014-1
Secretary of State State Of Nevada	Filing Number 20201061451
	Filed On 11/16/2020 4:00:00 PM
	Number of Pages 2

Limited-Liability Company:
Certificate of Amendment (PURSUANT TO NRS 86.216, 86.221 and 86.543)
Certificate to Accompany Restated Articles or Amended and Restated Articles (PURSUANT TO NRS 86.221)

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

1. Entity information:	Name of entity as on file with the Nevada Secretary of State: RST Mallard Bay Housing, LLC Entity or Nevada Business Identification Number (NVID): E0446112014-1
2. Restated or Amended and Restated Articles (Select one): (If restating or amending and restating, complete section 1,2 3, 5 and 6.)	Certificate to Accompany Restated Articles or Amended and Restated Articles Articles have been Restated Articles have been Amended and Restated * Restated or Amended and Restated articles must be included with this filing type.
3. Type of amendment filing being completed: (Select only one box). (If amending, complete section 1, 3, 5 and 6.)	Certificate of Amendment to Articles of Organization For a Nevada Limited-Liability Company Before Issuance of Member's Interest (Pursuant to NRS 86.216) The signers thereof are at least two-thirds of the organizers or the managers of the limited-liability company As of the date of the certificate, no member's interest in the limited-liability company has been issued. <input checked="" type="checkbox"/> Certificate of Amendment to Articles of Organization For a Nevada Limited-Liability Company (Pursuant to NRS 86.221) The limited-liability company is managed by Managers or <input checked="" type="checkbox"/> Members The certificate of amendment must be signed by a manager of the company or, if management is not vested in a manager, by a member. Amendment to Application for Registration of a Foreign Limited-Liability Company (Pursuant to NRS Chapter 86) Name of Foreign Limited-Liability Company if different than registered to transact business in Nevada: _____ If amendment is to change the name, the change taking effect: (select all that apply) The name under which Limited-Liability Company transacts business in this State Foreign Limited-Liability Company name from home jurisdiction

form must be accompanied by appropriate fees.



BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

Limited-Liability Company:
Certificate of Amendment (PURSUANT TO NRS 96.216, 96.221 & 96.543)
Certificate to Accompany Restated Articles or Amended and
Restated Articles (PURSUANT TO NRS 96.221)

4. Effective date and
time: (Optional)

Date:

Time:

(must not be later than 90 days after the certificate is filed)

5. Information being
changed:

Changes to takes the following effect:

The entity name has been amended.

The registered agent has been changed. (attach Certificate of Acceptance from new
registered agent)

The purpose of the entity has been amended.

The directors, managers or general partners have been amended.

IRS tax language has been added.

Articles have been added.

Articles have been deleted.

☒ Other.

The articles have been amended as follows. (provide article numbers, if available)
(Please see below)

(attach additional page(s) if necessary)

6. Signature:
(Required)

X

Signature of Manager, Member or Authorized
Signer

Managing Member of RST Florida Housing, LLC.
as Managing Member

Title

X

Signature of Manager, Member or Authorized
Signer

Title

Please include any required or optional information in space below:
(attach additional page(s) if necessary)

Article 6. Name and Address of the Managing Member:

- 1) RST Florida Housing, LLC
1603 LBJ Freeway, Suite 860
Dallas, TX 75234