

MIS 0000 9319

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : O'HAIRE, QUINN, CASALINO, CHARTERED  
Account Number : 073077002560  
Phone : (772)231-6900  
Fax Number : (772)231-9729

\*\*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  
VILLA JARDINE LLC

RECEIVED  
15 DEC -2 PH12: 29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 DEC -2 AM 8: 51  
MFPD

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

DEC 03 2015

**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: VILLA JARDINE 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: M1500008319

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 10/16/2015

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

5. New name of the limited liability company: SOUTHEAST RESIDENTIAL RECOVERY FUND VII, 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 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

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REC'D  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

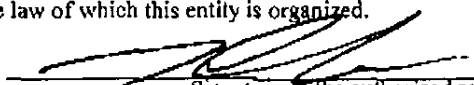
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove

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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  
**Gregg M. Casalino**  
 \_\_\_\_\_  
 Typed or printed name of signee

Filing Fee: \$25.00

# Delaware

Page 1

The First State

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 "VILLA JARDINE LLC", CHANGING ITS NAME FROM "VILLA JARDINE LLC" TO "SOUTHEAST RESIDENTIAL RECOVERY FUND VII, LLC", FILED IN THIS OFFICE ON THE EIGHTEENTH DAY OF NOVEMBER, A.D. 2015, AT 11:58 O'CLOCK A.M.

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



*Jeffrey W. Bullock*  
 Jeffrey W. Bullock, Secretary of State

5818728 8100  
 SR# 20150971775

Authentication: 10448436  
 Date: 11-18-15

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

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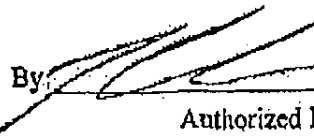
State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 11:58 AM 11/18/2015  
FILED 11:58 AM 11/18/2015  
SR 20150971775 - File Number 5818728

**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: VILLA JARDINE LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the limited liability company is Southeast Residential Recovery Fund VII, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 18th day of November, A.D. 2015

By:   
Authorized Person(s)

Name: Gregg M. Casalino  
Print of Type

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DELAWARE  
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