Division of Corporations orida Department of State Page 1 of 2

Division of Corporations Electronic Filing Cover Sheet

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 : BROAD AND CASSEL - AFFORDABLE HOUS

Account Number : 120160000081 Phone : (407)839-4277
Fax Number : (407)839-4264

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

Email Address:_

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ORLANDO CENTER APARTMENTS, LLC

Certificate of Status	1
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Page Count	<u>оч</u>
Estimated Charge	\$60.00

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NOV 1 4 2017

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Orlando Center Apartments, 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:	
Kristi Dickison	
Name of Person	
Broad and Cassel LLP	ET TOTAL
Firm/Company	
390 N. Orange Avenue, Suite 1400	
Address	i Ç
Orlando, Florida 32801	in .
City/State and Zip Code	
behant@jdflaw.com E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Kristi Dickison at 407 481-5263	
Name of Person Area Code & Daytime Teleph	one Number
STREET/COURTER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADD Registration Sec Division of Corp Division of Corp P.O. Box 6327 Tallahassee, Florida 32301	ction porations
Certificate of Status Certified Copy Certified Copy	0 Filing Fee, ertificate of Status & ertified Copy

2.

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	ent of		
State: Orlando Center Apartments, LLC			
Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX)			
2. The Florida document number of this limited liability company is: M160000040	54:	23	
3. Jurisdiction of its organization: Delaware	<u> </u>	1.52	
4. Date authorized to do business in Florida: May 20, 2016	<u> </u>	i.J	
SECTION II (5-9 complete only the applicable changes)		沙	,
5. New name of the limited liability company:(must contain "Limited Liability Company,	(3) (9) T C	<u>ټ</u> " ۲ <u>۵۲"</u>	<u>Г</u> .
Richman Orlando Development Partners, LLC	1,0,0,0	()	BBO.)
(If name unavailable, enter alternate name adopted for the purpose of transacting business copy of the written consent of the managers or managing members adopting the alternate must contain "Limited Liability Company," "L.L.C." or "LLC.")	s in Floric name. Th	da and i	attach a nate name
6. If amending the registered agent and/or registered officer address on our records, enter registered agent and/or the new registered office address here:	the name	of the	new
Name of New Registered Agent:			
New Registered Office Address: Enter Florida Street	4 4 1 1 1 1 1 1 1		
City Pl	orida	Zip Cod	de

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.

8. If the amendment o	hanges person, title or capacity	in accordance with 605.0902 (1)(e), indi-	icate that change:
Title/ Capacity	Name	Address	Type of Actio
		*:: 	Add
			Remov
			Add
			Remor
		<u> </u>	Remov
			Add
			Add
aforementioned ar	the law of which this entity if	ed by the official having custody of reco organized.	Remov

Filing Fee: \$25.00

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ORLANDO CENTER APARTMENTS, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "RICHMAN ORLANDO DEVELOPMENT PARTNERS, LLC" ON THE THIRTEENTH DAY OF NOVEMBER, A.D. 2017, AT 12:15 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS. W

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RICHMAN ORLANDO DEVELOPMENT PARTNERS, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF MAY, A.D. 2016.



Authentication: 203558285 Date: 11-13-17

6045545 8320 SR# 20177050918

You may verify this certificate online at corp.delaware.gov/authver.shtml