

M/6000007761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

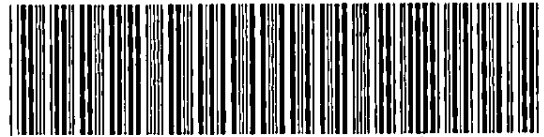
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/20/17--01007--025 **25.00

[Signature]
11/1/17

FILED

17 NOV -1 AM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2017 NOV -1 PM 1:15
TALLAHASSEE, FL

October 24, 2017

LEGAL DEPARTMENT
1603 LBJ FRWY., SUITE 800
DALLAS, TX 75234 US

SUBJECT: RST THE ARBORS AT GIBSON HEIGHTS HOUSING, LLC
Ref. Number: M16000007761

We have received your document for RST THE ARBORS AT GIBSON HEIGHTS HOUSING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE ENTITY NAME ON THE APPLICATION DOES NOT MATCH THE ENTITY NAME ON THE CERTIFICATE OF EXISTENCE.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 254-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 517A00021439

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RST THE ARBORS AT GIBSON HEIGHTS 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:

Legal Department

Name of Person

Pillar Income Asset Management

Firm/Company

1603 LBJ Frwy., Suite 800

Address

Dallas, Texas 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:

Felicia Sias

Name of Person

at (469) 522-4307

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

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (I-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: RST THE ARBORS AT GIBSON HEIGHTS 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: M16000007761

3. Jurisdiction of its organization: Nevada

4. Date authorized to do business in Florida: September 26, 2016

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

5. New name of the limited liability company: RST PECAN CREEK HOUSING, 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

FILED

17-NOV-11 AM 12:50

RECEIVED
CLERK OF STATE
TALLAHASSEE FLORIDA

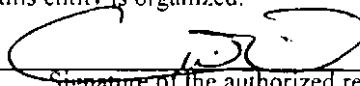
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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
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17 NOV -11 PM 12:50
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 of Managing Member

Typed or printed name of signee

Filing Fee: \$25.00

SECRETARY OF STATE



CERTIFICATE OF NAME CHANGE

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that on October 18, 2017, a Certificate of Amendment to its Articles of Organization changing the name to **RST PECAN CREEK HOUSING, LLC**, was filed in this office by **RST THE ARBORS AT GIBSON HEIGHTS HOUSING, LLC**. Said change of name has been made in accordance with the laws of the State of Nevada and that said Certificate of Amendment is now on file and of record in this office.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 19, 2017.

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

Certified By: Christine Rakow
Certificate Number: C20171019-0970
You may verify this certificate
online at <http://www.nvsos.gov/>