

(Requestor's Name)
(Address)
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(Addless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 256037 4304937

AUTHORIZATION : Spelle Reman

COST LIMIT : \$ 60.00

ORDER DATE : June 14, 2018

ORDER TIME : 11:23 AM

ORDER NO. : 256037-005

CUSTOMER NO: 4304937

FOREIGN FILINGS

NAME: AOF RUNNING BROOK, LLC

CORPORATE
LIMITED PARTNERSHIP

XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER:

COVER LETTER

Division of Corporations			
SUBJECT: AOF Running Brook,	LLC Limited Liability Company		
Name of Foreign E	Carried Elabarry Company	,	
Dear Sir or Madam:			
The enclosed application, certificate and fec(s) are	submitted for filing.		
Please return all correspondence concerning this n	natter to the following:		
Jacquelyn Cannata			
Name of Person	· -		
Mintz Levin			
Firm/Company			_^_
One Financial Center		·	Water Half State V
Address			
Boston, MA 02111			=
City/State and Zip Code			ហី ស្ពា
adg@fundamentaloadvisorslp	o.com		
E-mail address: (to be used for future annual re	port notification)		
For further information concerning this matter, pl	case call:		
	212 205-5	013	
Name of Person	Area Code & Daytime		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registrati Division P.O. Box	G ADDRESS: ion Section of Corporations 6327 see, Florida 32314	
Enclosed is a check for the following amount: \$\begin{array}{c} \$25\$ Filing Fee & & Certificate of Status	S55 Filing Fee & Certified Copy	\$60 Filing Fcc, Certificate of St Certified Copy	atus &

TO: Registration Section

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

SECTION 1 (1-4 must be completed)

 Name of limited liability Company as it appears on the records of the Florida Department of State: AOF Running Brook, 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: M1700001810			
3. Jurisdiction of its organization: Delaware			
4. Date authorized to do business in Florida: February 28, 2017	<u> </u>		
SECTION II (5-9 complete only the applicable changes) 5. New name of the limited liability company: FP III RB Apartments, LLC (must contain "Limited Liability Company," "L.L.C.	بِّ or "LLC.")		
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Floricopy of the written consent of the managers or managing members adopting the alternate name. The must contain "Limited Liability Company," "L.L.C." or "LLC.")	da and attach a ne alternate name		
6. If amending the registered agent and/or registered officer address on our records, enter the name registered agent and/or the new registered office address here:	of the new		
Name of New Registered Agent:			
New Registered Office Address: Enter Florida Street Address			
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 age the provisions of all statutes relative to the proper and complete performance of my duties, and I can accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. document is being filed to merely reflect a change in the registered office address, I hereby confinibility company has been notified in writing of this change.	am familiar with Or, if this		

	8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:					
itle/ Capacity	<u>Name</u>	Address	Type of Action			
			∆dd			
			Remove			
			Add			
			Remov			
			B E			
			Remove			
			✓ Add			
			Remove			
			Add			
. Attached is a certif	cate, if required: no more than 90 december (s), duly authenticated by the	ays old, evidencing the ne official having custody of reco	Remove			

Filing Fee: \$25.00

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "AOF RUNNING BROOK

LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "FP

III RB APARTMENTS, LLC" ON THE THIRTEENTH DAY OF JUNE, A.D.

2018, AT 5:11 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.

Company of A 18 51



Authentication: 202881668

Date: 06-14-18