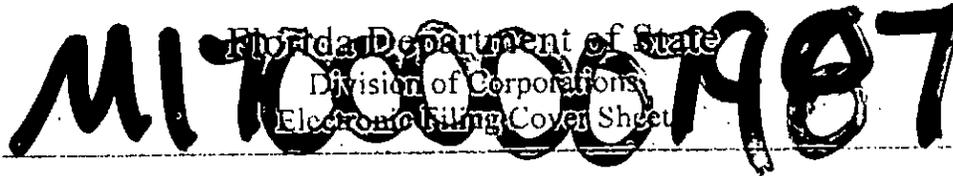


Division of Corporations

Page 1 of 2



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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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : GREENBERG TRAUTS (ORLANDO)
 Account Number : 103731091374
 Phone : (407) 418-2435
 Fax Number : (407) 429-5909

2017 OCT 12 PM 2:15
 MAIL ROOM 1000
 TALLAHASSEE, FLORIDA

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

Email Address: sfox@bainbridgefl.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 HIG-BB CLEARWATER OWNER, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

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 STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

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D SCOTT
Oct 12 2017

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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: HIG-BB Clearwater Owner, LLC

Enter new principal office address, if applicable: n/a

(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: M17000007987

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: September 19, 2017

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

5. New name of the limited liability company: Bayside Apartments Owner, 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: n/a

New Registered Office Address: Enter Florida Street Address

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

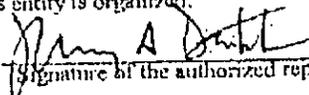
n/a

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

n/a

<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
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<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

Jeffrey A. Deutch, Authorized Representative

Typed or printed name of signer

Filing Fee: \$25.00
4

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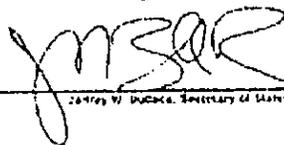
Page 1

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 "HIG-BB CLEARWATER OWNER, LLC", CHANGING ITS NAME FROM "HIG-BB CLEARWATER OWNER, LLC" TO "BAYSIDE APARTMENTS OWNER, LLC", FILED IN THIS OFFICE ON THE TWELFTH DAY OF OCTOBER, A.D. 2017, AT 9:15 O'CLOCK A.M.

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FALLAHASSEE, FLORIDA



Authentication: 203385503
Date: 10-12-17



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SR4 20176585236

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

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**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company:

HIG-BB Clearwater Owner, LLC

2. The Certificate of Formation of the limited liability company is hereby amended by striking out Article First thereof and by substituting in lieu of said Article First the following new Article First:

"FIRST: The name of the limited liability company is

Bayside Apartments Owner, LLC

IN WITNESS WHEREOF, the undersigned ~~has~~^{have} executed this Certificate on the 11th day of October, 2017.

/s/ Thomas Keady
Thomas Keady, Authorized Person

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