

11/27/2017 MON 13:22 FAX

001/005

11/20/2017



Division of Corporations
Florida Department of State
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.

((H17000305689 3)))



H170003056893ABC6

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: *C Westrick*
Account Name : TRIPP SCOTT, P.A.
Account Number : 075350008885
Phone : (954)525-7500
Fax Number : (954)761-8475

999988, 0026

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

Email Address: *CAROL@THESTYLESGROUP.COM*
FOREIGN

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SER XVI, LLC

Certificate of Status	0
Certified Copy	0
Page Count	<i>04</i>
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

2017 NOV 27 PM 1:33

FILED IN FLORIDA

FILED IN FLORIDA

2017 NOV 27 A 9:11

FILED

H170003056893

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: SER XVI, LLC

Enter new principal office address, if applicable: NA

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

NA

2. The Florida document number of this limited liability company is: M17000009419

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: NOVEMBER 6, 2017

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

5. New name of the limited liability company: SOUTHEAST RESIDENTIAL RECOVERY FUND XVI, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

NA

(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: NA

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

H170003056893

H17000305689

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

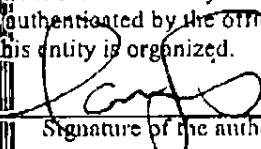
NA

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

NA

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

Ian Lis, Authorized Representative

Typed or printed name of signer

Filing Fee: \$25.00

H17000305689 3

H17000305689 3

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOUTHEAST RESIDENTIAL RECOVERY FUND XVI, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOUTHEAST RESIDENTIAL RECOVERY FUND XVI, LLC" WAS FORMED ON THE SECOND DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

11 27 27 A 9 11
J. W. Bullock, Secretary of State



6601187 8300

SR# 20177233587

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

Handwritten signature of Jeffrey W. Bullock in black ink.
Jeffrey W. Bullock, Secretary of State

Authentication: 203628463

Date: 11-27-17

H17000305689 3

11/27/2017 MON 13:22 FAX

0005/005

850-617-6381

11/21/2017 8:59:46 AM PAGE 1/001 Fax Server

H17000305689 3



November 21, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SER XVI, LLC
3250 MARY ST
SUITE 306
MIAMI, FL 33133

SUBJECT: SER XVI, LLC
REF: M17000009419

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return 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) 245-6051.

Jenna D Harris
Regulatory Specialist II

FAX Aud. #: H17000305689
Letter Number: 217A00023560

P.O. BOX 6327 - Tallahassee, Florida 32314

H17000305689 3