

M20000004199

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

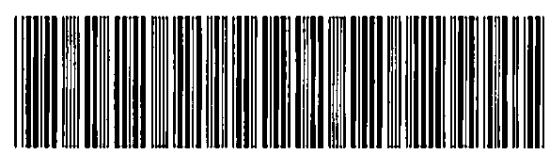
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2021 NOV 10 AM 10:05  
SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED  
2021 NOV 10 AM 11:46  
TALLAHASSEE, FL

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 215715 8038825  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

-----  
ORDER DATE : November 9, 2021

ORDER TIME : 9:14 AM

ORDER NO. : 215715-010

CUSTOMER NO: 8038825  
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FOREIGN FILINGS

NAME: PMC SFR BORROWER 2, LLC

\_\_\_\_ CORPORATE  
\_\_\_\_ LIMITED PARTNERSHIP  
XX \_\_\_\_\_ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PMC SFR Borrower 2, 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

\_\_\_\_\_  
Name of Person

Progress Residential, LLC

\_\_\_\_\_  
Firm/Company

PO BOX 4090

\_\_\_\_\_  
Address

Scottsdale, AZ 85256

\_\_\_\_\_  
City/State and Zip Code

legal@progressresidential.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Legal

\_\_\_\_\_  
Name of Person

at ( 480 ) 588-6121

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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 (1-4 must be completed)**

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

State: PMC SFR Borrower 2, 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: M20000004199

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 05/01/2020

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

5. New name of the limited liability company: True North Property Owner 2, 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

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>
Authorized Person	Brian Buffington	7500 N. Dobson Rd., Suite 300	<input checked="" type="checkbox"/> Add
		Scottsdale, AZ 85256	<input type="checkbox"/> Remove
Authorized Person	Travis Chester	7500 N. Dobson Rd., Suite 300	<input checked="" type="checkbox"/> Add
		Scottsdale, AZ 85256	<input type="checkbox"/> Remove
Member	True North Equity Owner 2, LLC	7500 N. Dobson Rd., Suite 300	<input checked="" type="checkbox"/> Add
		Scottsdale, AZ 85256	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRET  
TALLAHASSEE  
2021 NOV 10 AM 10:05

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.

Brian Buffington  
Signature of the authorized representative

Brian Buffington

Typed or printed name of signer

**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 THE ATTACHED IS A TRUE AND CORRECT COPY OF THE RESTATED CERTIFICATE OF "PMC SFR BORROWER 2, LLC", CHANGING ITS NAME FROM "PMC SFR BORROWER 2, LLC" TO "TRUE NORTH PROPERTY OWNER 2, LLC", FILED IN THIS OFFICE ON THE EIGHTH DAY OF NOVEMBER, A.D. 2021, AT 7:13 O`CLOCK P.M.



  
Jeffrey W. Bullock, Secretary of State

**AMENDED AND RESTATED CERTIFICATE OF FORMATION  
OF  
PMC SFR BORROWER 2, LLC**

THIS Amended and Restated Certificate of Formation of PMC SFR Borrower 2, LLC (the "Company"), dated as of November 8, 2021, has been duly executed and is being filed by the undersigned, as an authorized person, in accordance with the provisions of 6 Del. C. §18-208, to amend and restate the Certificate of Formation of the Company, which was filed on April 20, 2020, with the Secretary of State of the State of Delaware (the "Certificate"), to form a limited liability company under the Delaware Limited Liability Company Act (6 Del. C. §18-101, et seq.).

The Certificate is hereby amended and restated in its entirety to read as follows:

1. Name. The name of the limited liability company is True North Property Owner 2, LLC.
2. Registered Office. The address of the registered office of the Company in the State of Delaware is c/o Corporation Service Company, 251 Little Falls Drive, Wilmington, Delaware 19808.
3. Registered Agent. The name and address of the registered agent for service of process on the Company in the State of Delaware is Corporation Service Company, 251 Little Falls Drive, Wilmington, Delaware 19808.
4. Effectiveness. This Amended and Restated Certificate of Formation shall be effective on November 10, 2021, at 8:00 a.m. Eastern Time.

IN WITNESS WHEREOF, the undersigned has executed this Amended and Restated Certificate of Formation as of the date first above-written.

/s/ Robyn Moline  
Name: Robyn Moline  
Title: Authorized Person