

M20000009183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

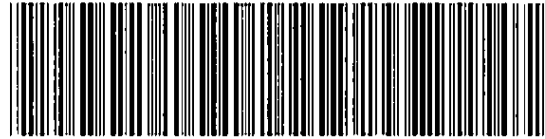
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer

Office Use Only



800364607418

RECEIVED

2021 APR 21 PM 2:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2021 APR 21 AM 9:55

O SIMMONS

APR 22 2021

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

ACCOUNT NO. : I20000000195

REFERENCE : 770667 4814233

AUTHORIZATION

COST LIMIT \$ 25.00

ORDER DATE : April 20, 2021

ORDER TIME : 1:10 PM

ORDER NO. : 770667-005

CUSTOMER NO: 4814233

FOREIGN FILINGS

NAME: SN HOMES LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER: \_\_\_\_\_

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

2021 APR 21 AM 9:56

**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: SN Homes LLC

Enter new principal office address, if applicable:

**(Principal office address)**  
**MUST BE A STREET ADDRESS**

7702 E. Doubletree Ranch Road, Suite 150  
6262 N. Scottsdale Rd., Suite 386

Scottsdale, AZ 85250

Enter new mailing address, if applicable:

**(Mailing address)**  
**MAY BE A POST OFFICE BOX**

8390 E. Via de Ventura, F-110 #303

Scottsdale, AZ 85258

2. The Florida document number of this limited liability company is: B20000358283

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 10/14/2020

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

5. New name of the limited liability company: Sparrow Homes US 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

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**

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:

2021 APR 21 AM 9:56

<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
_____	_____	_____	<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.

DocuSigned by:

*Jami Schulman*

Signature of the authorized representative

Jami Schulman

\_\_\_\_\_  
Typed or printed name of signee

**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 CERTIFICATE OF AMENDMENT OF "SN HOMES LLC",  
CHANGING ITS NAME FROM "SN HOMES LLC" TO "SPARROW HOMES US  
LLC", FILED IN THIS OFFICE ON THE TWENTY-FIFTH DAY OF FEBRUARY,  
A.D. 2021, AT 1:20 O'CLOCK P.M.



3781605 8100  
SR# 20210643374

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202603824  
Date: 02-26-21

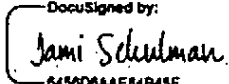
State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 01:20 PM 02/25/2021  
FILED 01:20 PM 02/25/2021  
SR 20210643374 - File Number 3781605

## STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: SN Homes LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the limited liability company is Sparrow Homes US LLC.

**IN WITNESS WHEREOF**, the undersigned have executed this Certificate on  
the 23rd day of February, A.D. 2021.

By:   
Authorized Person(s)

Name: Jami Schulman  
Print or Type