

M22 0000 17155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

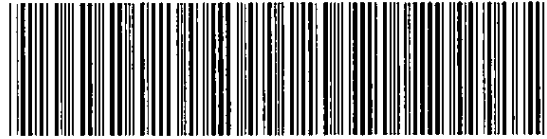
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
JUL 18 2024

Office Use Only



500431384575

RECEIVED

2024 JUL 17 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 JUL 17 AM 9:53



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

FILE 1ST

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext:
Date: 07/16/24
Order #: 1568515-6
Re: 2024-1 IH BORROWER GP LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Supporting Documents

Amount to be deducted from our State Account: \$25.00 FL State Account Number:

I20000000195

AUTH

A handwritten signature in cursive script, appearing to read 'Amanda Miller', is written over the text of the enclosed documents.

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2022-1 IH Borrower GP 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:

Anitra Fludd

Name of Person

Invitation Homes

Firm/Company

5420 LBJ Freeway, Suite 600

Address

Dallas, Texas 75240

City/State and Zip Code

entity@invitationhomes.com

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

For further information concerning this matter, please call:

Anitra Fludd

at (972) 421-3513

Name of Person

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: 2022-1 IH Borrower GP LLC

Enter new principal office address, if applicable: 5420 LBJ Freeway, Suite 600

(Principal office address
MUST BE A STREET ADDRESS) Dallas, Texas 75240

Enter new mailing address, if applicable: 5420 LBJ Freeway, Suite 600

(Mailing address
MAY BE A POST OFFICE BOX) Dallas, Texas 75240

2. The Florida document number of this limited liability company is: M22000017155

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 11/14/2022

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

5. New name of the limited liability company: 2024-1 IH Borrower GP 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

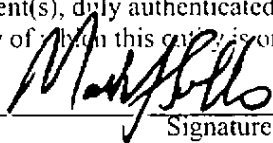
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

2024-1 IH Equity Owner LLC, sole member

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Sole mbr</u>	<u>2022-1 IH Equity Owner LLC</u>	<u>1717 Main Street, Suite 2000</u>	<input type="checkbox"/> Add
		<u>Dallas, Texas 75201</u>	<input checked="" type="checkbox"/> Remove
<u>Sole mbr</u>	<u>2024-1 IH Equity Owner LLC</u>	<u>5420 LBJ Freeway, Suite 600</u>	<input checked="" type="checkbox"/> Add
		<u>Dallas, Texas 75240</u>	<input type="checkbox"/> Remove
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<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

Mark Solls, EVP&CLO

Typed or printed name of signee

Filing Fee: \$25.00

CSC AMEND-15061

Delaware


The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "2022-1 IH BORROWER GP LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "2024-1 IH BORROWER GP LLC" ON THE THIRD DAY OF JULY, A.D. 2024, AT 8:18 O`CLOCK A.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.




Jeffrey W. Bullock, Secretary of State

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