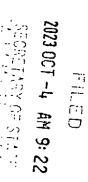
M2200001255

	(Requestor's Name)			
	(Address)			
	(Address)			
	(Addiess)			
	(City/State/Zip/Phone #)			
PICK-UP	P WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
	J DENNIG			
	GCT + 0 2023			

Office Use Only



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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)

Name of limited liability Company as it appears on t State: RW Homestead San Jose MF GP, LLC	and records of the Frontal Department of
Enter new principal office address, if applicable:	
(Principal office address	3.0 0
MUST BE A STREET ADDRESS)	
	< M "○ ₽ □
Enter new mailing address, if applicable:	
(Mailing address	
MAY DE A DOST OFFICE DOWN	22
2. The Florida document number of this limited liability	company is: M23000001255
Georgia	
3. Jurisdiction of its organization: Georgia	
4. Date authorized to do business in Florida: 1/30/202	23
SECTION II (5-9 complete only the applicable chan	ges)
New name of the limited liability company: (must con	tain "Limited Liability Company, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for to copy of the written consent of the managers or managin must contain "Limited Liability Company," "L.L.C." or	the purpose of transacting business in Florida and attach a ng members adopting the alternate name. The alternate name r"LLC.")
6. If amending the registered agent and/or registered off registered agent and/or the new registered office address	
Name of New Registered Agent:	
New Registered Office Address:	
- Tow Registered Office Progression	Enter Florida Street Address
	Florida
	City . Florida Zip Code
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent and	red Agent; d agree to act in this capacity. I further agree to comply with complete performance of my duties, and I am familiar with

If Changing Registered Agent, Signature of New Registered Agent

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.

itle/ Capacity	Name	Address	Type of Actio
Authorized	Steven Shores	5605 Glenridge Drive, Suite 800 Atlanta, GA 30342	B Add
	`		□Remo
Authorized Person Michael Blair	Michael Blair	5605 Glenridge Drive, Suite 800 Atlanta, GA 30342	≡ Add
			□Remo
uthorized	Brian Oates	5605 Glenridge Drive, Suite 800 Atlanta, GA 30342	∃ Add
			□Remo
Authorized Emily Sweitzer	Emily Sweitzer	5605 Glenridge Drive, Suite 800 Atlanta, GA 30342	∃ Add
			□Remo
			□Add
aforemention		ed by the official having custody of records in the	□Remo
jurisaiction t	inder the law of which this entity is /s/ Michael Blair	organized.	

Filing Fee: \$25.00