

MAIL DOCCOOS983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

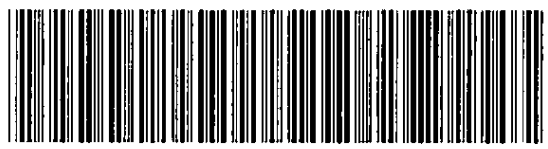
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700424227937

REC'D  
MAR -1 AM 11:18  
CLERK OF STATE  
TALLAHASSEE, FL

RECEIVED  
2024 MAR -1 PM 3:19  
TALLAHASSEE, FL

R. HUNT  
03/01/24

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

ACCOUNT NO. : I20000000195  
REFERENCE : 348411 4302815  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 30.0

ORDER DATE : March 1, 2024  
ORDER TIME : 2:41 PM  
ORDER NO. : 348411-010  
CUSTOMER NO: 4302815

2024 MAR -1 AM 11:18  
ED  
STATE OF FLORIDA  
TALLAHASSEE, FL

FOREIGN FILINGS

NAME: HSRE-UCF I, 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: Shauna Godbolt -- EXT#

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

**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: HSRE-UCF I, LLC

Enter new principal office address, if applicable: c/o Harrison Street Real Estate Capital  
444 West Lake Street, Suite 2100  
Chicago, Illinois 60606

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

Enter new mailing address, if applicable: c/o The Scion Group LLC  
401 North Michigan Avenue, Suite 400  
Chicago, Illinois 60611

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

2. The Florida document number of this limited liability company is: M11000005983

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: November 29, 2011

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

5. New name of the limited liability company: SI Orlando Apartments 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 "L.I.C.")

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: CORPORATION SERVICE COMPANY  
New Registered Office Address: 1201 HAYS STREET  
*Enter Florida Street Address*  
TALLAHASSEE, Florida 32301  
*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.*

RECEIVED  
 SEP 18 11 18 AM '11  
 DEPT OF STATE  
 TALLAHASSEE, FL

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

\_\_\_\_\_

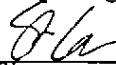
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Change of Name of Sole Member

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	HSRE-UCF I HOLDING, LLC	444 West Lake Street, Suite 2100	<input type="checkbox"/> Add
_____	_____	Chicago, Illinois 60611	<input checked="" type="checkbox"/> Remove
_____	SI ORLANDO HOLDING LLC	401 North Michigan Avenue, Suite 400	<input checked="" type="checkbox"/> Add
_____	_____	Chicago, Illinois 60611	<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

JUNE 11 AM 11:18  
 DEPT. OF STATE  
 TALLAHASSEE, FL

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

Stephen M. Gordon  
 \_\_\_\_\_  
 Typed or printed name of signee

**Filing Fee: \$25.00**

# Delaware

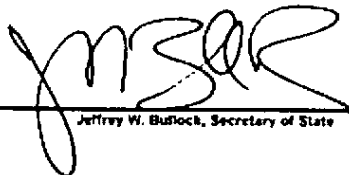
The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "HSRE-UCF I, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "SI ORLANDO APARTMENTS LLC" ON THE FIRST DAY OF MARCH, A.D. 2024, AT 12:01 O`CLOCK P.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.

2024 MAR 01 AM 11:18  
SECRETARY OF STATE  
DOVER, DELAWARE



  
Jeffrey W. Bullock, Secretary of State

5060630 8320  
SR# 20240841779

Authentication: 202925995  
Date: 03-01-24