

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Filing ID: 250602-1642583

Filing Date: 06/02/2025

Jun 02 2025

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

REFERENCE ID: 1916954

**AMENDMENT OF CERTIFICATE OF LIMITED PARTNERSHIP
LIMITED PARTNERSHIP – DOMESTIC**


SECRETARY OF STATE OF SOUTH CAROLINA

Pursuant to Section 33-42-220 of the 1976 S.C. Code of Laws, as amended, the limited partnership submits the following:

1. The name of the limited partnership is:

FONTAINE DR OWNER LP

2. The assumed name of the limited partnership is:

3. The limited partnership is organized under the laws of South Carolina. The original certificate of limited partnership

was issued on this date: 05/09/2025

4. The registered office of the limited partnership is:

508 Meeting Street

(Street Address)

West Columbia, South Carolina 29169

(City, State, Zip Code)

and the registered agent at such address is:

Corporation Service Company

(Name)

5. The address of the principal office is:

210 UNIVERSITY BLVD STE 460

(Street Address)

Denver, Colorado 80206

(City, State, Zip Code)

6. Enter the complete text of each amendment. If the space on this form is not sufficient, please attach additional pages containing a reference to this section.

Additional Amendment: Removed General Partner: FONTAINE DR UDG GP LLC, a Delaware limited liability company;
Added General Partner: Affordable Housing Institute, Inc., a Florida not for profit corporation, mailing address 2820 Selwyn Ave, Ste 690, Charlotte, NC, 28209

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Jun 02 2025

REFERENCE ID: 1916954



SECRETARY OF STATE OF SOUTH CAROLINA

FONTAINE DR OWNER LP

Name of Limited Partnership

7. These amendments to the certificate of limited partnership shall begin as of the filing date with the Secretary of State
unless a delayed time is indicated. _____

Date 06/02/2025

Signed as Filer: Michelle Affrunti: (Electronically Signed)

(Signature of General Partner)

FONTAINE DR UDG GP LLC

(Print Name)

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Jun 02 2025

REFERENCE ID: 1916954

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

**AMENDMENT OF CERTIFICATE OF LIMITED PARTNERSHIP
LIMITED PARTNERSHIP – DOMESTIC**


SECRETARY OF STATE OF SOUTH CAROLINA

Pursuant to Section 33-42-220 of the 1976 S.C. Code of Laws, as amended, the limited partnership submits the following:

1. The name of the limited partnership is:

FONTAINE DR OWNER LP

2. The assumed name of the limited partnership is:

3. The limited partnership is organized under the laws of South Carolina. The original certificate of limited partnership was issued on this date: 05/09/25

4. The registered office of the limited partnership is:

508 Meeting Street

(Street Address)

West Columbia, SC 29169

(City, State, Zip Code)

and the registered agent at such address is:

Corporation Service Company

(Name)

5. The address of the principal office is:

210 University Blvd., Suite 460

(Street Address)

Denver, CO 80206

(City, State, Zip Code)

6. Enter the complete text of each amendment. If the space on this form is not sufficient, please attach additional pages containing a reference to this section.

Removed General Partner: FONTAINE DR UDG GP LLC, a Delaware limited liability company;
Added General Partner: Affordable Housing Institute, Inc., a Florida not for profit corporation, mailing address 2820 Selwyn Ave, Ste 690, Charlotte, NC, 28209

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Jun 02 2025

REFERENCE ID: 1916954



SECRETARY OF STATE OF SOUTH CAROLINA

FONTAINE DR OWNER LP

Name of Limited Partnership

7. These amendments to the certificate of limited partnership shall begin as of the filing date with the Secretary of State
unless a delayed time is indicated. _____

Date 05/28/25



(Signature of General Partner)

Jonathan A. Gruskin, Manager of FONTAINE DR UDG GP LLC

(Print Name)

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Business Name: FONTAINE DR OWNER LP

Jun 02 2025

REFERENCE ID: 1916954


SECRETARY OF STATE OF SOUTH CAROLINA

Signature Page for a Secretary of State Business Filing

completed, scanned, and attached to any business filing where one of the following is true.

- The filing party signs the digital form on behalf of official signee.
- An attorney's signature is required. (Articles of Incorporation for Corporation and Benefit Corporation)

Official Signatures

(Officer, Incorporator, Director, Agent, Partner, etc)

Required for forms where the signee is not present upon online submission and a filing party is providing a digital signing on their behalf. If the provided space is not enough, please attach multiple pages.

Jonathan A. Gruskin

Name

Signature

05/28/2025

Date

Manager of FONTAINE DR UDG GP LLC

Title / Position

Bryan Hartnett

Name

Signature

05/28/2025

Date

President of Affordable Housing Institute, Inc.

Title / Position

Name

Date

Signature

Title / Position

Name

Date

Signature

Title / Position

Name

Date

Signature

Title / Position

Scan and Upload this document to the Business Filing System during the filing process.
File must be PDF format.

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

CERTIFICATE OF LIMITED PARTNERSHIP

Pursuant to Section 33-42-210 of the 1976 S.C. Code of Laws, as amended, the undersigned limited partnership submits the following:

1. The name of the proposed limited partnership is:

FONTAINE DR OWNER LP

2. The address of the office of the registered agent of the limited partnership is:

508 Meeting Street

(Street Address)

West Columbia, South Carolina 29169

(City, State, Zip Code)

3. The name of the registered agent at the above address:

Corporation Service Company

(Name)

I hereby consent to the appointment as registered agent

(Agent's Signature)

4. The address of the principal office is:

210 University Blvd., Suite 460

(Street Address)

Denver, Colorado 80206

(City, State, Zip Code)

5. The name and mailing address of each general partner of the limited partnership:

- a. FONTAINE DR UDG GP LLC

(Name)

210 University Blvd., Suite 460

(Street Address)

Denver, Colorado 80206

(City, State, Zip Code)

FONTAINE DR OWNER LP

Name of Limited Partnership

b. _____
(Name)

(Street Address)

(City, State, Zip Code)

6. The latest date upon which the limited partnership is to dissolve: 12/31/2099

7. The optional provisions which the limited partnership wishes to include are as follows:

8. The existence of the limited partnership shall begin as of the filing date with the Secretary of State unless a delayed date is indicated [See 33-1-230(b) of the 1976 South Carolina Code of Laws, as amended]: _____

05/09/2025

(Date)

1. Signed as Filer: Corinna Bialecki: (Electronically Signed)

(Signature of General Partner)

FONTAINE DR UDG GP LLC

(Print Name)

2. _____
(Signature of General Partner)

(Print Name)

Business Name: FONTAINE DR OWNER LP

Signature Page for a Secretary of State Business Filing

This page must be completed, scanned, and attached to any business filing where one of the following is true.

- The filing party signs the digital form on behalf of official signee.
- An attorney's signature is required. (Articles of Incorporation for Corporation and Benefit Corporation)

Official Signatures

(Officer, Incorporator, Director, Agent, Partner, etc)

Required for forms where the signee is not present upon online submission and a filing party is providing a digital signing on their behalf. If the provided space is not enough, please attach multiple pages.

Connor Larr

Name

Signature

05/07/2025

Date

Authorized Signatory of

Title / Position Fontaine Dr UDG GP LLC

Name

Signature

Date

Title / Position

Name

Signature

Date

Title / Position

Name

Signature

Date

Title / Position

Name

Signature

Date

Title / Position

Scan and Upload this document to the Business Filing System during the filing process.
File must be PDF format.