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(((H15000055529 3)))



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To:

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Fax Number : (850)617-6383

RE-SUBMIT

From:

ACCOUNT Name : C T CORPORATION SYSTEM SIGN ONGING HING

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date of submission 3/4

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRE/IPV ALLAGASH FLORIDA LLC

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March 5, 2015

FLORIDA DEPARTMENT OF STATE

Division of Corporations

RE-SUBMIT Please retain original filing

date of submission 314

SUITE 2100 CEICAGO, IL 60606

2 N RIVERSIDE PLAZA

SUBJECT: BRE/IPV ALLAGASH FLORIDA LLC

BRE/IPV ALLAGASH FLORIDA LLC

REF: M03000000168

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The entity's date of incorporation/organization must be listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

FAX Aud. #: H15000055529 Letter Number: 915A00004530

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

SECTION I (1-3 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: BRE/IPV Allagash Florida LLC	
2. Jurisdiction of its organization: Delaware	-
3. Date authorized to do business in Florida: 01/15/2003	-
SECTION II (4-7 complete only the applicable changes)	
4. New name of the limited liability company: (must contain "Limited Liability Company, " "L.L.C.," or "LLC.	<u>ন</u>
Icon IPV Allagash Florida Owner Pool 5 South FL, 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.")	-
5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: NA	_
6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:	le .
n/s	-
7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in jurisdiction under the law of which this entity is organized. Signalure of the authorized representative	the
Nest Klein	z 20
Typed or printed name of signce	5 5
Filing Fee: \$25.00 HASSEE, FLOR	MAR -4 AM 8:
	90 :

Delaware

DAGE '

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "BRE/IPV ALLAGASH FLORIDA LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "ICON IPV ALLAGASH FLORIDA OWNER POOL 5 SOUTH FL, LLC", THE TWENTY-FIFTH DAY OF FEBRUARY, A.D. 2015, AT 5:55 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE TWENTY-SIXTH DAY OF FEBRUARY, A.D. 2015, AT 12:01 O'CLOCK A.M.

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DATE: 03-03-15

You may Varify this certificate online at Corp. delaware, gov/authver, shtml