

Division of Corporations

Page 1 of 1



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000055538 3)))



H150000555383ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

2015 MAR -4 PM 4: 41
 FILED
 CLERK OF STATE
 TALLAHASSEE FLORIDA

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KEYSTONE ICP II LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$60.00

REC-15 MAR -4 11:10:00
 BUSINESS INFORMATION SERVICES

MAR 05 2015
D. BRUCE

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: Keystone ICP II LLC
- 2. Jurisdiction of its organization: Delaware
- 3. Date authorized to do business in Florida: 11/04/2003

SECTION II (4-7 complete only the applicable changes)

- 4. New name of the limited liability company: Icon Keystone ICP II Owner Pool 5 South FL, 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.")

- 5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: n/a

- 6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change: n/a

- 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 the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Neil Klein
Typed or printed name of signer

Filing Fee: \$25.00

2015 MAR -4 PM 4:41
 FILED
 DEPARTMENT OF STATE
 TALLAHASSEE FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "KEYSTONE ICP II LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "ICON KEYSTONE ICP II OWNER POOL 5 SOUTH FL, LLC", THE TWENTY-FIFTH DAY OF FEBRUARY, A.D. 2015, AT 6:02 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.

3723104 8320

150309080



You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2167266

DATE: 03-03-15