Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number: FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

\*\*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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| Email | Address: |  |  |  |

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRE/EX FL PROPERTIES L.L.C.

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

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

| SECTION I (1-3 must be completed)  |        |
|--|--------|
| 1. Name of limited liability Company as it appears on the records of the Florida Department of State: BRE/EX FL Properties L.L.C.  | 第一门    |
| 2. Jurisdiction of its organization: Delaware  | P 2: Q |
| 3. Date authorized to do business in Florida: 11/16/2010   |        |
| 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.")  |        |
| Icon EX FL Properties Owner Pool 5 GA/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:   |        |
| 6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:  |        |
| r/a  |        |
| 7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementloned 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** |        |
| Neit Klsin   |        |
| Typed or printed name of signee  |        |

Filing Fee: \$25.00

## Delaware

DACE T

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "BRE/EX FL PROPERTIES L.L.C.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "ICON EX FL PROPERTIES OWNER POOL 5 GA/FL, LLC", THE TWENTY-FIFTH DAY OF FEBRUARY, A.D. 2015, AT 6:07 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.

4898938 8320

150309025

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

Jeffrey W. Bullock, Secretary of State

NUTHENTY CATION: 2167217

DATE: 03-03-15