

# M12000002821

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

15 MAR -4 PM 1:20

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\*\*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 BRE/DP WH ORLANDO LLC

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

15/MAR-4 AM 10:00  
ADDRESS  
COMMERCIAL  
INFORMATION SERVICES

**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/DP WH Orlando LLC

2. Jurisdiction of its organization: Delaware

3. Date authorized to do business in Florida: 05/21/2012

**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 DP WH Orlando 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:

n/a

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), 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

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SECRETARY 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 "BRE/DP WH ORLANDO LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "ICON DP WH ORLANDO OWNER POOL 5 GA/FL, LLC", THE TWENTY-FIFTH DAY OF FEBRUARY, A.D. 2015, AT 6:04 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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Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2167245

DATE: 03-03-15