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COVER LETTER

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TO: Registration Se Division of Cor					
SUBJECT: LENN		IAL INVESTMENTS	, LLC		
	Name of Limi	ted Liability Company			
	Amendment and fee(s) are sub				
Please return all correspo	ondence concerning this matter	to the following:			
	Althea Dyer				
	<u> </u>	Name of Person			
	Lennar Corp	poration			
		Film/Company		1 10	
	700 N.W. 107th Avenue, Suite 400 Address Mlami, FL 33172				
		Address		AR	
	Miami, FL 33172				
		City/State and Zip Code		ED B M B OS SEE FLORID	
	althea.dyer@len	DST.COM to be used for future annual report notificat	(00)	0. D	
For further Information of	oncorning this matter, please o			RID S	
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Althea Dye	(Person	at (<u>305</u>)229-640 Area Code & Daytime Te			
name o	r reison	Area Lode & Daytime Te	eléphóne Number		
Enclosed is a check for d	te following amount;				
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Contified Copy (additional copy is enclosed)	□\$60.00 Filing Certificate o Certified Co (additional c	f Stettus &	
Registr Divisio P.O. Bo	NG ADDRESS: atlon Section n of Corporations x 6327 SSEE, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	Circle		

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	AMENDMENT O	qur. records.)
-	ORGANIZATION	THE ROLL
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LENNAR COMMERCIAL INVESTMEN		\$
(Name of the Limited Limbility Compa (A Florida Limited	<u>uy as it now appears on (</u> Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company	y were filed on U3/U8/2	and assigned
Florida document number L13000035802		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	binty company here:	
Lennar Commercial Investors, LLC		
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," t	the designation "LLC" or the abbreviation
Cater new principal offices address, if applicable:	·	
Principal office address MUST BE A STREET ADDRESS)		
		_
Enter new mailing address, if applicable:		
Mulling address MAY BE A POST OFFICE BOX)		
ALL AND ANY DEAT OF CALLOUDDAY		
B. If amending the registered agent and/or registered o	ffice address on our n	words enter the name of the name
registered agent aud/or the new registered office address her		Cords, Enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		and a short a difference
	Enter 14	orida street address
·		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

. . .

Title	Name	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A Dated March 27, 2013

Signature of a member or authorized representative of a member

Mark Sustana, Vice President of MGRM

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

