Division of Corporations Division of Corporations **Electronic Filing Cover Sheet** 

Page 1 of 2

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.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

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Email	Address:		•		

#### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INLAND AMERICAN COMMUNITIES MANAGEMENT, L.L.C.

Certificate of Status	0
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NOV 19 2014

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

	COVER LETTER	
TO: Registration Section		
Division of Corporations	•	
SUBJECT: DLA PIPER LLP (US)		
Name	of Foreign Limited Liability Company	
Dear Sir or Madein:		
The enclosed application, certificate (	and fee(s) are submitted for filing.	
Please return all correspondence cond	eeming this matter to the following:	
Phyllis B. Kaplan		
Name of Pers	ວກ	
DLA PIPER LLP (US)		:
Firm/Compan	у	
203 N. LaSalle St.		
Address		
Chicago, IL 60601		
City/State and	Zip Code	
phyllis.kaplan@dlepiper.com		
E-mail address: (to be used for fun	re annual report notification)	
For further information concerning th	is matter, please call:	
Phyllis B. Kaplan c/o DLA Piper LLP (US	5) at (312 ) 368-2148	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDI		
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 3230)		
Enclosed is a check for the following S25 Filing Fee S30 Filing Certificate	Fee & 🖸 \$55 Filing Fee & 🖂 \$60 Filing Fee,	e Æ
Coacoss (12112)	Certified Copy	

## 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: INLAND AMERICAN COMMUNITIES MANAGEMENT, L.L.C.	
2. Jurisdiction of its organization: DELAWARE	
3. Date authorized to do business in Florida: 9/29/2008	
SECTION II (4-7 complete only the applicable changes)	
4. New name of the limited liability company. To commission the within deliver it from the first transfer in the company of th	-
(must contain "Limited Liability Company, ""L.L.C.," or "LLC.")	ā
(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.")	18 71
5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:	<del></del>
6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:	
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	
Inland American Communities Partners, Inc., mbr By: Jack H. Potts, Sacy.  Typed or printed name of signer	

Filing Fee: \$25.00

# Delaware

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "INLAND AMERICAN COMMUNITIES MANAGEMENT, L.L.C.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "IA COMMUNITIES MANAGEMENT, L.L.C.", THE SEVENTH DAY OF NOVEMBER, A.D. 2014, AT 6:01 O'CLOCK P.M.

4339855

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

DATE: 11-18-14