

MO9000003282

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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.

(((H09000192143 3)))



H090001921433ABC5

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

2009 AUG 31 AM 10: 42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

WCI 2009 MANAGEMENT, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00

RECEIVED

09 AUG 31 AM 10: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. LUNT
SEP -1 2009
EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

7

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO APPLICATION FOR AUTHORIZATION 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: WCI 2009 Management, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: August 20, 2009

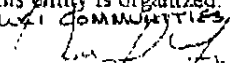
SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 8/26/2009
5. New name of the limited liability company: WCI Communities Management, LLC
(must end with "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 end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:
N/A
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
N/A
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: N/A

9. Attached is an original certificate, 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.

by WCI COMMUNITIES, INC., ITS SOLE MEMBER

Signature of a member or the authorized representative of a member:

DAVID FRAN, CHIEF EXECUTIVE OFFICER
Typed or printed name of signee

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 AUG 31 AM 10:42

FILED

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "WCI 2009 MANAGEMENT, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "WCI COMMUNITIES MANAGEMENT, LLC", THE TWENTY-SIXTH DAY OF AUGUST, A.D. 2009, AT 4:52 O'CLOCK P.M.

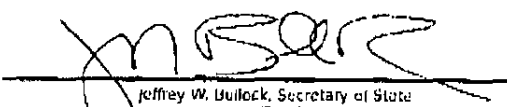
FILED
2009 AUG 31 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4704313 8320

090817163

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7500346

DATE: 08-28-09