

3/4/2015 4:41:46 PM From: T. Brown (850) 617-6383

Division of Corporations

(1/3)

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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 : FCA0000000023
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.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BRE/DP FL LLC

Certificate of Status	1
Certified Copy	1
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Corporate Filing Menu

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15 MAR - 4 PM 1:20
CLERK OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
15 MAR - 4 PM 10:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

**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 FL 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 FL 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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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 FL LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "ICON DP FL OWNER POOL 5 GA/FL, LLC", THE TWENTY-FIFTH DAY OF FEBRUARY, A.D. 2015, AT 6:05 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.

5144431 8320

150309047

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2167242

DATE: 03-03-15