Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LENNAR MULTIFAMILY INVESTORS, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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Corporate Filing Menu

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JAN - 7 2013

COVER LETTER

TO: Registration Section Division of Corporations Lennar Multifamily Investors, LLC Name of Foreign Limited Liability Company Dear Sir or Madam: The enclosed application, certificate and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Laura D. Maxwell Name of Person **Lennar Corporation** Firm/Company 700 NW 107th Ave Ste 400 Address Miami, FL 33172 City/State and Zip Code laura.maxwell@lennar.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: , 229-6429 Laura Maxwell Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

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CR2E055 (12/13)

■ \$25 Filing Fee

Enclosed is a check for the following amount:

□ \$30 Filing Fee &

Certificate of Status

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)

I.	Name of limited liability Company as it appears on the records of the Plorida Department of State: Lennar Multifamily Investors, LLC
2.	Jurisdiction of its organization: Delaware
3.	Date authorized to do business in Florida: 09/24/2013
SI	ECTION II (4-7 complete only the applicable changes)
4.	New name of the limited liability company: Lennar Multifamily Communities, LLC (must contain "Limited Liability Company, ""LLC," or "LLC.")
FI th	f name unavailable, enter alternate name adopted for the purpose of transacting business in orida and attach a copy of the written consent of the managers or managing members adopting a alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." "LLC.")
5.	If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
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
	701 S
	Mark Sustana, VP of Sole Member Typed or printed name of signee
	Filing Fee: \$25.00
	AM 10: 04 SELORIDA

Delaware

PAGE 1

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "LENNAR MULTIFAMILY INVESTORS, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "LENNAR MULTIFAMILY COMMUNITIES, LLC", THE SECOND DAY OF OCTOBER, A.D. 2013, AT 11:47 O'CLOCK A.M.

5007685 8320 140005992



AUTHENTICATION: 1029565

DATE: 01-03-14