M1300007809

| (Re | questor's Name) | |
|---------------------------|-------------------|-----------|
| | | |
| (Add | dress) | |
| • | , | |
| | · | |
| (Ad | dress) | |
| | | |
| (Cit | y/State/Zip/Phone | ; #) |
| | | |
| PICK-UP | | MAIL |
| | | |
| | | |
| (Bu | siness Entity Nan | ne) |
| | | |
| (Do | cument Number) | |
| | | |
| Certified Copies | Certificates | of Status |
| | - | |
| | | |
| Special Instructions to i | Filing Officer: | |
| | | |
| { | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| L | | |





Office Use Only

MAR 2 1 2014

T. BROWN

| CORPORATION SERVICE COMPANY | 3 | ۹۰۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰ | ٠ |
|-----------------------------|----------------|--|---|
| | ACCOUNT NO. | : I2000000195 | |
| | REFERENCE | : 064083 7894067 | |
| | AUTHORIZATION | Hypeladena | |
| | COST LIMIT | : \$ 25.00 | |
| ORDER DATE : | March 20, 2014 | | |
| ORDER TIME : | 10:04 AM | | |
| ORDER NO. : | 064083-005 | | |
| CUSTOMER NO: | 7894067 | | |
| | | | |

FOREIGN FILINGS

NAME: MATTAMY SARASOTA LLC

____ CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY

 XX_____
 PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT#

EXAMINER:



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: Mattamy Sarasota LLC |

| 2. Jurisdiction of its organization: Delaware | THE T |
|---|---------------------------------|
| 3. Date authorized to do business in Florida: December 11, 20 | |
| SECTION II (4-7 complete only the applicable changes) | 6. |
| 4. New name of the limited liability company: | Company, " "L.L.C.," or "LD2.") |

(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:

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change: The name and usual address of the Manager is: MATTAMY (JACKSONVILLE) PARTNERSHIP

400 Park Avenue South, Suite 220, Winter Park, FL 32789

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.

Moht A HELWIG In Signature of the authorized representative

Robert A. Harris IV, VP of Managing Partner of Manager

Typed or printed name of signee

Filing Fee: \$25.00