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Florida Department of State

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Account Name : C T CORPORATION SYSTEM

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**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 **CELEBRATION MULTIFAMILY LLC**

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COVER LETTER

TO; Registration Section Division of Corporations Celebration Multifamily 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: Debbie Mandola Name of Person Hines Interests Limited P/S Firm/Company 2800 Post Oak Blvd. Suite 4800 Houston, Texas 77056 City/State and Zip Code debbie.mandola@hines.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 966-7876 Debbie Mandola 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 Taliahassee, Florida 32314 Tailahassee, Florida 32301 Enclosed is a check for the following amount: \$25 Filing Fee □ \$30 Filing Fee & 🛘 \$55 Filing Fcc & ☐ \$60 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy CR2E055 (12/13)

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)

 Name of limited liability Company as it appears on the records of the Florida Department of State: Celebration Multifamily LLC 		
2.	. Jurisdiction of its organization: Delaware	
3.	. Date authorized to do business in Florida: January 17, 2014	
SI	ECTION II (4-7 complete only the applicable changes)	
4.	. New name of the limited liability company: 1662 Multifamily LLC (must contain "Limited Liability Company, " "LL.C.," or "LLC.")	
F1 th	If name unavailable, enter alternate name adopted for the purpose of transacting business in lorida and attach a copy of the written consent of the managers or managing members adopting ne alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." r "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 safety 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	- TABLE
		on the second
	Typed or printed name of algance Filing Foc: \$25.00	-energy

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CELEBRATION MULTIFAMILY LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "1662 MULTIFAMILY LLC", THE THIRTZENTH DAY OF MAY, A.D. 2014, AT 7:03 O'CLOCK P.M.

DATE: 05-23-14