

6/16/2016

Division of Corporations

M14000000530

Florida Department of State  
Division of Corporations  
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.

(((H16000147737 3)))



H160001477373ABC3

**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 : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)694-1639

2016 JUL 21 PM 5:00

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  
LMICS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

JUL 20 2016  
J. HARRIS

850-617-6381

8/20/2016 10:37:51 AM PAGE 1/001 Fax Server



June 20, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LMICS, LLC  
433 PLAZA REAL  
STE 275  
BOCA RATON, FL 33432US

SUBJECT: LMICS, LLC  
REF: M14000000530

FILED  
16 JUL 21 AM 9:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker  
Regulatory Specialist II

FAX And. #: E16000147737  
Letter Number: 416A00012870

DocuSign Envelope ID: 952D19BE-7C56-4AA5-B1C8-DB8318E371CF

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: LMICS, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M14000000530

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 01/28/2014

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: LMC Construction, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

LMICS, 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.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida Street Address

City

Florida

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

16 JUL 16 9:45  
SECRET  
ITALIA  
STAT  
CORR

DocuSign Envelope ID: 952019BE-7C56-4AAS-B1C8-D88318E371CF

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a 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

Mark Sustana

\_\_\_\_\_  
 Typed or printed name of signer

Filing Fee: \$25.00

FILED  
 16 JUL 21 AM 9:45  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "LMICS, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "LMC CONSTRUCTION, LLC" ON THE SIXTEENTH DAY OF JUNE, A.D. 2016, AT 11:14 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LMC CONSTRUCTION, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF NOVEMBER, A.D. 2012.



5249128 8320  
SR# 20164492284

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202504370  
Date: 06-16-16

**WRITTEN CONSENT TO COMPANY ACTION  
BY SOLE MEMBER OF  
LENNAR CONSTRUCTION, LLC**

**JULY 11, 2016**

---

The undersigned, being the sole member of Lennar Construction, LLC a Delaware limited liability company (the "Company"), pursuant to the provisions of the Delaware Limited Liability Company Act, hereby agrees and consents to the adoption of, and hereby adopts, the following resolution and the actions specified therein:

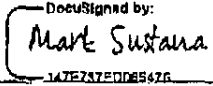
RESOLVED, that Company hereby consents to and authorizes the use of the forced fictitious name LMICS, LLC by the Company in the State of Delaware.

A facsimile or PDF of a signature to this Written Consent shall be deemed as valid as an original signature thereto.

IN WITNESS WHEREOF, the undersigned has executed this Written Consent effective as of the date first written above.

SOLE MEMBER:

LENNAR MULTIFAMILY COMMUNITIES, LLC  
a Delaware limited liability company

By:    
Mark Sustana, Vice President