

L14000097000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

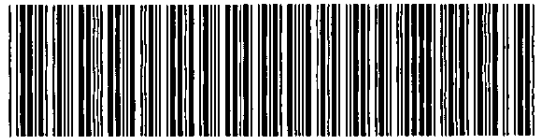
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 NOV 12 PM 4:24
NOT INTENDED
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2015 NOV 12 P 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 13 2015
J. BRUCE

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 870541 82866A
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 55.00

ORDER DATE : November 12, 2015
ORDER TIME : 2:57 PM
ORDER NO. : 870541-005
CUSTOMER NO: 82866A

DOMESTIC AMENDMENT FILING

NAME: 311 NORTH KENTUCKY, LLC

EFFECTIVE DATE:

ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 311 North Kentucky, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Justin P. Callaham
Name of Person
Clark, Campbell, Lancaster & Munson, P.A.
Firm/Company
500 S. Florida Avenue, Suite 800
Address
Lakeland, Florida 33801
City/State and Zip Code
jcallaham@clarkcampbell-law.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin P. Callaham at **(863) 647-5337**
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FL 32301
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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Matthew R. Clark	100 South Kentucky Avenue, Suite 290 Lakeland, Florida 33801	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
CFO	Thomas F. Anderson	100 South Kentucky Avenue, Suite 290 Lakeland, Florida 33801	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Broadway RES, LLC	100 South Kentucky Avenue, Suite 290 Lakeland, Florida 33801	<input checked="" 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

TALLAHASSEE FLORIDA
 015 NOV 12 P 1238
 Remove
 Add
 Remove

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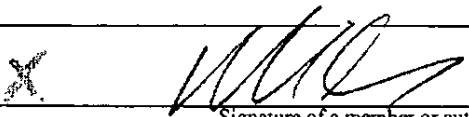
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

n/a

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____



Signature of a member or authorized representative of a member

Ronald L. Clark, Manager of Broadway RES, LLC the Manager of 311 North Kentucky, LLC

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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