L09000016546

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EXAMINER

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COVER LETTER

TO:	Registration Se Division of Cor							
SUBJE	CCT:	Brentw	ood Park, LLC		٠.			
			ited Liability Company					
The en	closed Articles of	Amendment and fee(s) are sul	omitted for filing.					
Please	return all correspo	ondence concerning this matter	to the following:					
			Carol A. Westfall		٠.			
			Name of Person					
			Waterford			₹ _U	20	
		_	Firm/Company		•		9	***
		166	30 N. Dale Mabry Hw	ΛI		25.57 25.57	2009 NOV 20 PH 3: 07	•
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		-		,	٠.		3	77
		1	ampa, FL 33618-1400 City/State and Zip Code)		용된	φ. Ο	•
		CV	vestfall@waterford.cc			Mes y	7	
			to be used for future annual repo					
For fur	ther information c	oncerning this matter, please of	eall:					
	Ca	arol Westfall	at (813)	962-6544 X	302			
	Name o	f Person		Daytime Telephone	Number			
Enclose	ed is a check for th	ne following amount:						
\$25.00 Filing Fee & Certificate of Status			✓ \$55.00 Filing Fee & \$60.00 Filing Fe Certified Copy Certificate of S (additional copy is enclosed) Certified Copy (additional copy			of Statu Copy Il copy is	Status &	
MAILING ADDRESS: Registration Section Division of Corporations		Registration	COURIER ADDR Section Corporations	ESS:	,			
P.O. Box 6327 Tallahassee, FL 32314			Clifton Buil	ding tive Center Circle		•		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brent	wood Park, LLC				
(Name of the Limited Liability (A Florida)	y <u>Company as it now appears</u> Limited Liability Company)	s on our records.)	•		
The Articles of Organization for this Limited Liability C		2/18/09	and assign	ned	
Florida document number L0900016546	<u>_</u> ·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	ited liability company here	:	2099 NO	618.5mg	
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Compan	y," the designation	SHA O	rēviātion	
Enter new principal offices address, if applicable:			TO P	Machine 17	
(Principal office address MUST BE A STREET ADDI	RESS)		() () () () ()		
			Ç. J		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered agent and/or the new registered office add		ır records, <u>enter</u>	the name of t	the new	
Name of New Registered Agent:			~•		
New Registered Office Address:		٠.	<u> </u>		
	Enter Florida street address				
<u></u>	, Florida				
	City		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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title Name | <u>Address</u> Type of Action MGRM Carol A. Westfall 16630 N. Dale Mabry Hwy. √ Add Tampa, FL 33618-1400 Remove ☐ Add Remove ☐ Add Remove Add Remove Remove PH ယှ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 16 2009 Dated ____ Signature of a member or authorized representative of a member John Westfall Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00