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SECRETARY OF STATE OIVISION OF CORPORATIONS

T. HAMPTON

MAR 1 2 2010

EXAMINER

COVER LETTER

, 43 , 34

TO: Registration Section Division of Corporations				
SUBJECT	Bridgewell I	Income Fund II LLC ited Liability Company		
	Name of Limi	ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Che	Name of Person		
	Bridgewe	11 Income fund I LLC Firm/Company		
	710 Va	Address Address		
	Orland	City/State and Zip Code 1 @ bridgewellcap; tal. com to be used for future annual report notification)		
		City/State and Zip Code		
	chery	l @ bridgewellcapital.com		
T 0 1 1 0 1				
	concerning this matter, please c			
Cheryl	Lewis of Person	at (407) 447-5000 × 103 Area Code & Daytime Telephone Number		
/ Name	of Person	Area Code & Daytime Telephone Number		
Enclosed is a check for t	-			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
Regist Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bridgewell Incor		
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on o iability Company)	ur records.)
The Articles of Organization for this Limited Liability Company Florida document number L 00000 2 4 2 6	were filed on <u>Marr</u>	h 3, 2010 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," th	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		10 NAR
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	*****	TO RECEIVE TO SERVICE
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our re	cords, enter the name of the Sew
Name of New Registered Agent:		
New Registered Office Address:	Enter Flo	orida street address
		, 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 Changing Registered Agent, Signature of New Registered Agent

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** Income Fund Manager
LLC MGR ☐ Add Remove ☐ Add ☐ Remove ∏Add Remove ∏Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March Dated ____ Signature of a member or authorized representative of a member John Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00