

L10000075598 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

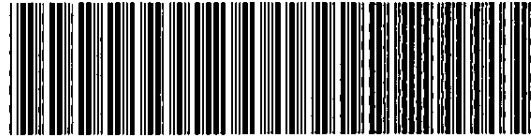
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/28/11--01026--019 **75.00

STATE
FALLAH, S. J. FLORIDA
11 NOV 20 11 4:53
F11 210

B. BOSTICK
NOV 29 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE BREVARD BAY TOWERS, 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:

Kimberly Knight
Name of Person

Brevard Bay Towers
Firm/Company

1930 Harrison St # 503
Address

HIWd, FL 33020
City/State and Zip Code

kimberly@energysmartindustry.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Knight at 954 272 8518
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

TELEPHONE
DIVISION OF CORPORATIONS
STATE OF FLORIDA
NOV 28 PM 4:10
101

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

11 NOV 28 PM 4:53
TALLAHASSEE, FLORIDA
FILED

Brevard Bay towers

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 7/16/2010 and assigned Florida document number L10000075598

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1930 Harrison St
503
Hiwd, FL 33020

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1930 Harrison St
503
Hiwd, FL 33020

B. If amending the registered agent and/or registered office 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:

Joshua R. Kon, Esq.

New Registered Office Address:

18851 NE 29th Ave # 1005

Enter Florida street address

Aventura, Florida 33180
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.

[Signature]
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:

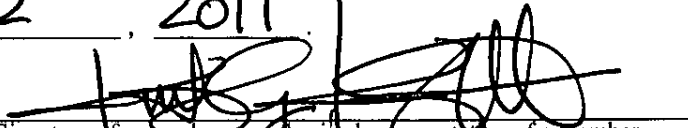
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	LEVY-PEREZ, LOUIS	18851 NE 29 AVE # 1005 Aventura, FL 33180	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	LV INVESTMENTS, LLC	18851 NE 29 AVE # 1005 Aventura, FL 33180	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	CAMACHO, REBECCA	7153 Sportsmen Dr. N. Ladd, FL 33068	<input type="checkbox"/> Add <input checked="" 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

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

11 NOV 28 PM 4:55
 STATE OF FLORIDA
 FILING OFFICE

Dated NOV 22, 2011


 Signature of a member or authorized representative of a member
Kimberly Knight
 Typed or printed name of signee