L11000051195

(Requestor's Name)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
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(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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SECRETARY OF STATE
SECRETARY OF STATE

N. Culligan JUN 2 8 2011

COVER LETTER

	istration Section ision of Corporations						
SUBJECT:	BWT PARTNERS, 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:						
	STUART GREEN Name of Person						
	BWT PARTNERS, LLC						
Firm/Company							
	1228 WEST AVE APT 515 Address						
MIAMI BEACH FL 33139							
	City/State and Zip Code						
	sgreen@bwt-partners.com E-mail address: (to be used for future annual report notification)						
For further in	formation concerning this matter, please call:						
	STUART GREEN at (786) 797-7002 Name of Person Area Code & Daytime Telephone Number						
Enclosed is a	check for the following amount:						
⊘ \$25.00 Fi	Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)						
Note	: I previously filed the wrong form (see						
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 MAILING ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Check Arthur Strart Green Communications Clifton Building Strart Green Check Che						
	refind Stuart Gren						



June 28, 2011

STUART T. GREEN 1128 WEST AVENUE #515 MIAMI BEACH, FL 33139

SUBJECT: BWT PARTNERS, LLC Ref. Number: W11000034608

We have received your document for BWT PARTNERS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name has already been filed.

To receive a refund, please submit a written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed.

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) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 911A00015532

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(<u>Name of the Limited I</u> (A)	SWT PARTI Liability Compa Florida Limited L	NERS, LLC ny as it now appear liability Company)	SECRE TALLAH rs on our records.	TARY OF STATE ISSEE, FLORIDA	
The Articles of Organization for this Limited Lia Florida document number		were filed on	05/02/2011	and assigned	
This amendment is submitted to amend the follows. A. If amending name, enter the new name of	_	ility company her	<u>re</u> :		
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Compa	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applica	200 SE 1ST STREET				
(Principal office address MUST BE A STREET	4TH FLOOR				
		MIAMI, FL 33	131		
Enter new mailing address, if applicable:	200 SE 1ST 5	STREET	<u> </u>		
(Mailing address MAY BE A POST OFFICE B	4TH FLOOR				
	MIAMI, FL 33131				
B. If amending the registered agent and/or registered agent and/or the new registered off			our records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:	GREEN, ST	STUART T			
New Registered Office Address:	200 SE 1ST STREET 4TH FLOOR Enter Florida street address				
		MIAMI	, Florida	33131	
		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, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed <u>from our records</u>:

MGR = Manager MGRM = Managing Member **Type of Action Address** Title Name 1228 WEST AVE #515 GREEN, STUART T MRG ☐ Add MIAMI BEACH, FL 33139 Remove 200 SE 1ST STREET **✓** Add MGRM. GREEN, STUART T 4TH FLOOR ☐ Remove MIAMI, FL 33131 200 SE 1ST STREET 4TH FLOOR ✓ Add <u>MGRM</u> VASQUEZ, JAVIER O Remove MIAMI, FL 33131 Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated JULY 6 2011 Signature of member of authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

STUART T GREEN
Typed or printed name of signee