

U2 000057692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

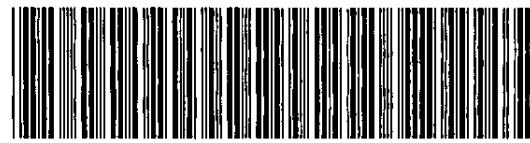
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

08/26/13--01020--009 \*\*25.00

Office Use Only



300251008083

2013 AUG 26 PM 1:40  
FILING STAFF  
SHERIFF'S OFFICE  
CLERK'S OFFICE  
CLERK'S OFFICE  
CLERK'S OFFICE

FILED

AUG 27 2013

T CLINE

## COVER LETTER

**TO:** **Registration Section**  
**Division of Corporations**

**SUBJECT:** KW COMMERCIAL TAMPA BAY, 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:

**PATRICIA MORRISON**

Name of Person

**KW COMMERCIAL TAMPA BAY, LLC**

Firm/Company

**3502 HENDERSON BLVD, SUITE 300**

Address

**TAMPA, FL 33609**

City/State and Zip Code

**PATM@KW.COM**

E-mail address: (to be used for future annual report notification)

REC'D PAGE 26 PM 11/16  
FLORIDA DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

**PATRICIA MORRISON**

Name of Person

**727 434-0953**

at ( ) Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$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

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

KW COMMERCIAL TAMPA BAY, LLC

**(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 04/30/2012 and assigned Florida document number L12000057692.

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)**

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

Enter Florida 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
DIRECTOR	DAVID R. WEBER	111 2 AVE NE, #400 ST PETERSBURG, FL 33701	<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
			<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.)

---

---

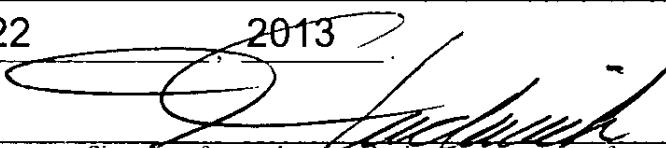
---

---

---

Dated AUGUST 22

2013



Signature of a member or authorized representative of a member

KEVIN L. CHADWICK

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

2013 AUG 26 PM 1:41  
SACRAMENTO CITY CLERK'S OFFICE  
1000 I ST, SACRAMENTO, CA 95814

FILED