

U12 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:

Office Use Only



300251008083

2013 AUG 26 PM 1:40
SECRETARY OF STATE
CORPORATE SERVICES

FILED

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

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)

RECEIVED
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FL
2013 AUG 26 PM 1:40

FILED

For further information concerning this matter, please call:

PATRICIA MORRISON

Name of Person

at (**727**) **434-0953**

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

**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

City

Florida

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:

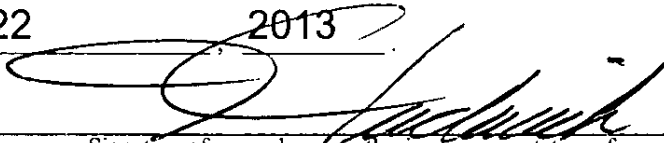
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
DIRECTOR	DAVID R. WEBER	111 2 AVE NE, #400	<input type="checkbox"/> Add
		ST PETERSBURG, FL 33701	<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

FILED
13 AUG 26 PM 1:41
CLERK OF DISTRICT COURT
ST. PETERSBURG, FLORIDA

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
CLERK OF STATE
JULIANNE BROWN

FILED