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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates o | of Status |
| Special Instructions to I | Filing Officer: | |
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HALL BRUCK

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 870541 82866A

AUTHORIZATION

COST LIMIT : \$\55.00

ORDER DATE: November 12, 2015

ORDER TIME : 2:57 PM

ORDER NO. : 870541-005

CUSTOMER NO: 82866A

DOMESTIC AMENDMENT FILING

NAME: 311 NORTH KENTUCKY, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS:

COVER LETTER

TO: **Registration Section** Division of Corporations

311 North Kentucky, 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:

Justin P. Callaham

Name of Person

Clark, Campbell, Lancaster & Munson, P.A.

Firm/Company

500 S. Florida Avenue, Suite 800

Lakeland, Florida 33801

City/State and Zip Code

jcallaham@clarkcampbell-law.com

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

For further information concerning this matter, please call:

Justin P. Callaham

at (863) 647-5337

Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

Name of Person

□ \$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

| 311 North Kentucky, LLC | | | | |
|---|--|--|--|------------|
| (Name of the Lim | ited Liability Comp (A Florida Limited | any as it now appears on our records.) Liability Company) | | |
| The Articles of Organization for this Limited I Florida document number <u>L14000097000</u> | | were filed on 06/17/2014 | and assigned | |
| This amendment is submitted to amend the fol | lowing: | | | |
| A. If amending name, enter the new name of | of the limited liah | oility company here: | | |
| n/a | | | | |
| The new name must be distinguishable and end with the | words "Limited Liab | bility Company," the designation "LLC" or | the abbreviation "L.L.C." | _ |
| Enter new principal offices address, if appli | cable: | n/a | | |
| (Principal office address MUST BE A STRE) | ET ADDRESS) | | | _ |
| B. If amending the registered agent and registered agent and/or the new registered o | | | ter the name of the | nev |
| | n/a | | TAI: | |
| Name of New Registered Agent: | 11/4 | | | _ |
| New Registered Office Address: | | 5 . 5 | <u> </u> | ; <u>}</u> |
| | | Enter Florida street address | SS - 2 | |
| | | , Florida | Zip Code |] |
| New Registered Agent's Signature, if changing | Registered Agent: | • | ORIGINAL CONTROL ORIGIN | ز |
| I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi being filed to merely reflect a change in the company has been notified in writing of this | er and complete istered agent as p registered office | performance of my duties, and I corovided for in Chapter 605, F.S. | agree to comply with am familiar with and Or, if this document is | |

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title Name <u>Address</u> Type of Action Matthew R. Clark MGR 100 South Kentucky Avenue, Suite 290 Lakeland, Florida 33801 ■ Remove CFO Thomas F. Anderson 100 South Kentucky Avenue, Suite 290 Lakeland, Florida 33801 100 South Kentucky Avenue, Suite 290 _ ■ Add Broadway RES, LLC MGR Lakeland, Florida 33801 Remove □ Add _□ Add

| | | nation, enter change(s) here: (| (Attach additional sheets, if i | necessary.) |
|--------------|-----------|---|---|-----------------------|
| <u>n</u> | <u>/a</u> | | | |
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| | <u> </u> | | a complete constitute and an extension of the contract of the | |
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| | ···· | | | |
| (The effecti | | he date of filing: annot be prior to date of receipt or filed Florida Department of State) | | ptional) ays after |
| Dated _ | | | | |
| | M. L | MU | | |
| | • | Signature of a member or authorize | xd representative of a member | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

2015 NOV 12 P 12: 38