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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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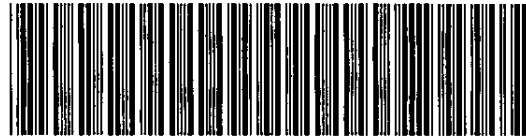
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 10 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRIGHTWATERS BLVD, 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:

KENDRA GUSTAFSON

Name of Person

BRIGHTWATERS BLVD, LLC

Firm/Company

1810 W KENNEDY BLVD.

Address

TAMPA, FL 33606

City/State and Zip Code

KGUSTAFSON@1810KENNEDY.COM

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

For further information concerning this matter, please call:

KENDRA GUSTAFSON

at (813) 280-8551

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

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

BRIGHTWATERS BLVD, 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 10/20/2014 and assigned Florida document number L14000163109.

This amendment is submitted to amend the following:

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

(SAME AS RECORDED - NO CHANGE)

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

Enter new principal offices address, if applicable:

(SAME AS RECORDED - NO CHANGE)

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(SAME AS RECORDED - NO CHANGE)

(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:

(SAME AS RECORDED - NO CHANGE)

New Registered Office Address:

(SAME AS RECORDED - NO CHANGE)

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 605, 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

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TALLAHASSEE, FLORIDA

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MONOCLE DEVELOPERS, LLC	1810 W KENNEDY BLVD	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33606	<input type="checkbox"/> Remove
MGR	ML REAL ESTATE INC	1810 W KENNEDY BLVD	<input type="checkbox"/> Add
		TAMPA, FL 33606	<input checked="" type="checkbox"/> Remove
MGR	TAMPA EQUITIES LLC	4905 YACHT CLUB DRIVE	<input type="checkbox"/> Add
		TAMPA, FL 33606	<input checked="" type="checkbox"/> Remove
MGR	KMP REAL ESTATE + INVESTMENTS PARTNERSHIP	1810 W KENNEDY BLVD.	<input type="checkbox"/> Add
		TAMPA, FL 33606	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

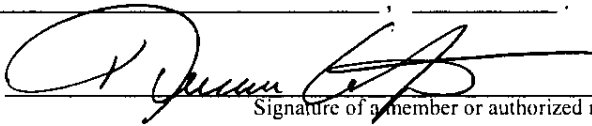
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated DECEMBER 01, 2014



Signature of a member or authorized representative of a member

KENDRA GUSTAFSON

Typed or printed name of signee

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Filing Fee: \$25.00

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