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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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COVER LETTER

TO: Re Di	egistration Sec vision of Corp	ction ^corations		
,		prings and 16th LLC		
SUBJECT	BW Silver Springs and 16th LLC Name of Limited Liability Company the enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: Ashley Guyton Name of Person Brightwork Real Estate, Inc. Firm/Company 3708 W. Swann Avenue, Suite 200 Address Tampa, FL 33609 City/State and Zip Code aguyton@brightworkre.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: shley Guyton Name of Person Name of Person Name of Person Solo Filing Fee Solo Filing Fee Solo Filing Fee & Certificate of Status Certificate of Status & Certificate Copy Certificate of Status & Certificate Sta			
The enclose	ed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	rn all correspor	ndence concerning this matter	to the following:	
	BW Silver Springs and 16th LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. Ashley Guyton Name of Person Brightwork Real Estate, Inc. Firm/Company 3708 W. Swann Avenue, Suite 200 Address Tampa, FL 33609 City/State and Zip Code aguyton@brightworkrc.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: shley Guyton Name of Person Name of Person Name of Person Telephone Number Telephone Number Telephone Number Telephone Number Telephone Fee,			
			Name of Person	
		Brightwork Real Estate, In	c.	
			Firm/Company	
		3708 W. Swann Avenue, S	luite 200	
			Address	
	BW Silver Springs and selection and selectio	Tampa, FL 33609		
				P
			•	cation)
For further	information co	ncerning this matter, please ca	all:	
Ashley Guy	yton			27
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	e following amount:		
\$25.00	Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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**

BW Silver Springs and 16th, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our recorded Liability Company)	ds.)
The Articles of Organization for this Limited Liability Compa Florida document number L16000223659	ny were filed on December 9, 201	6 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
BW Silver Springs 16th LLC		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		i in the second
		1 00
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		23
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ls, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	SS
		lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ager	<u>at:</u>	

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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
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	01/01/2017	
an effe	te date, if other than the date of filing: (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605	
	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list nt's effective date on the Department of State's records.	ed as the
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied of the cord is filed.	er of:
	March 6, 2017	
ated		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00