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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
	usiness Entity Name	a)
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(UC	ocument Number)	
Certified Copies	_ Certificates of	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER «

BW Unive	ersity and 10th LLC		
)OBJF.C1:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Ashley H Guyton		
		Name of Person	·
	Brightwork Real Estate, In	c.	
	 	Firm/Company	
	3708 W. Swann Avenue, S	Suite 200	
		Address	
	Tampa, FL 33609		
		City/State and Zip Code	
	aguyton@brightworkre.con		
	E-mail address: (to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	all:	
Ashley Guyton		813 874-1700 x22	7
Name	of Person	at () 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 enclose

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 University and 10th LLC		
(Name of the Limited Lie (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ty Company were filed on April 17, 2017	and assigned
lorida document number L17000085176		
This amendment is submitted to amend the following	g:	
a. If amending name, enter the new name of the	limited liability company here:	
BW University and 10th, LLC		
he new name must be distinguishable and contain the words	'Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
• •		
Principal office address MUST BE A STREET AL	DURESS/	
Enter new mailing address, if applicable:	and the same of th	
Mailing address MAY BE A POST OFFICE BOX	2	
		Sign of the state
		<u>()</u>
3. If amending the registered agent and/or registered agent and/or the new registered office :	egistered office address on our records, en	iter the name of the
egistered agent and/or the new registered office	address here:	
Name of New Registered Agent:		2
New Registered Office Address:		
	Enter Florida street address	
	, Florid:	
	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 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			□ Add
			☐ Remove
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ective date, if other than the da effective date is listed, the date must be ee: If the date inserted in this block ument's effective date on the Depa	e specific and cannot be prior to t does not meet the applica	o date of filing or more than 90 i	(optional) days after tiling.) Pursuant to 605.05 ents, this date will not be listed
record specifies a delayed e he 90th day after the record		an effective time, at 1	2:01 a.m. on the earlier
ed	2017		
TA) $$		
	19/L	rized representative of a membe	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00