## L17000086710

(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:	(Requestor's Name)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Document Number)  Certified Copies Certificates of Status	PICK-UP WAIT MAIL
Certified Copies Certificates of Status	(Business Entity Name)
	(Document Number)
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
	Special Instructions to Filing Officer:
Adding "," bofrell	Adding "," bofrell



400300125914



06/12/17--01018--003 ••55.08

N. CAUSSEAUX JUN 1 4 2017

## **COVER LETTER**

DW Adam	de Andrews III	
SUBJECT:	tic Andrews LLC	
	Name of Limited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
Please return all correspo	condence concerning this matter to the following:	
	Ashley H Guyton	
	Name of Person	
	Brightwork Real Estate Inc	
	Firm/Company	
	3708 W. Swann Avenue, Suite 200	
	Address	<del> </del>
	Tampa, FL 33609	
	City/State and Zip Code	
	aguyton@brightworkre.com  E-mail address: (to be used for future annual report notifica	ition)
For further information of	concerning this matter, please call:	
Ashley H Guyton	813 874-1700 x227	
Name o	of Person at () Area Code Daytime To	elephone Number
Enclosed is a check for t	the following amount:	
S25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status	□ \$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

SECRETARY CORPORATIONS
NICHT JUN 12 AM 8: 39

BW Atlantic Andrews 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 Compar	ny were filed on April 18.	2017	and assigned
Florida document number L17000086710			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
BW Atlantic Andrews, LLC			
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designati	ion "LLC" or the abb	reviation "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)			
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered registered agent and/or the new registered office address have a Name of New Registered Agent:		records, enter t	he name of the new
B. If amending the registered agent and/or registered registered agent and/or the new registered office address be Name of New Registered Agent:		records, <u>enter t</u>	he name of the new
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h			he name of the new
B. If amending the registered agent and/or registered registered agent and/or the new registered office address be Name of New Registered Agent:	e <b>re:</b> Enter Florida stre	et address	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address be Name of New Registered Agent:	e <b>re:</b> Enter Florida stre	et address	he name of the new
B. If amending the registered agent and/or registered registered agent and/or the new registered office address be Name of New Registered Agent:	Enter Florida stre	et address	

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 AMBR = Authorized Member Type of Action <u>Title</u> <u>Address</u> Name □ Add ☐ Remove \_□ Change □ Add ☐ Remove \_□ Add ☐ Remove \_\_ □ Change □ Add \_□ Remove ☐ Change □ Add ☐ Remove

☐ Change

	2017 JUN 12
	2 08
	<u>69</u> 39
	<u> </u>
tive date, if other than the date of filing:  April 18, 2017  Tective date is listed, the date must be specific and cannot be prior to date of filing or not the date inserted in this block does not meet the applicable statutory liling nent's effective date on the Department of State's records.	(optional) fore than 90 days after filing.) Pursuant to 605.020 g requirements, this date will not be listed a
cord specifies a delayed effective date, but not an effective a 90th day after the record is filed.	time, at 12:01 a.m. on the earlier o
June 8  2017  Signature of a member or authorized representative	of a member
Signature of a member of authorized representative	or a member

Page 3 of 3

Filing Fee: \$25.00