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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MORRIS A. LECOMPTE, P.A.

Account Number : 072100000461

: (727)896-1000

Fax Number

: (727)896-1009

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BYWATER KWBTS, LLC

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C. BRUMBLEY

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ARTICLES OF AMENDMENT TÒ ARTICLES OF ORGANIZATION Bywater KWBTS, LLC (Name of the Limited Liability Company as it now appears on our records.) ... (A Florida Limited Liability Company) 5/16/2022 The Articles of Organization for this Limited Liability Company were filed on _ and assigned L22000229044 Florida document number _ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 2880 S. Morningway Drive Enter new principal offices address, if applicable: Springfield, MO 65804 (Principal office address MUST BE A STREET ADDRESS)

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:	Moms A. LeCompte			
	5245 Central Avenue			
New Registered Office Address:	Enter Florida street addre	લા		
	St. Petersburg	lorida 33710		
	City	Zip Code		

New Registered Agent's Signature, if changing Registered Agent:

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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.

2880 S. Morningway Drive

Springfield, MO 65804

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Nicole L. Jarran	2880 S. Morningway Drive	□Add
		Springfield, MO 65804	Remove
MGR	Christopher J. Jarratt	2880 S. Morningway Drive	□Add
		Springfield, MO 65804	□Remove
			≅Change
			DAdd
			□Remove
			Change
·	<u></u>		DAdd
			□Remove
			Change
	·		□Add
			□ Remove
			☐ Change
			DAdd
			□Remove

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TI Willemai	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: If the	ate, if other than the date of filing:
e record spe ed is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	October 25, 2022
	west -
-	Signature of a member or authorized representative of a member
	1 (