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JUL 19 2017 R. WHILL

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations akes Communi DOCUMENT NUMBER: 3 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Tazies Huerce E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at S/3-603-8600 (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

A	10	
Aru	cles of Incorporation of	17 ' ' ' ' ' '
Brighton Lakes Con	machiles A	exciation Inc.
(Name of Corporation as cur	rently filed (with the Flo	orida Dept. of State)
L)01000000675		
(Document Nu	imber of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	tutes, this Florida Not F	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	ration:	
		The new
name must be distinguishable and contain the word "corpo" "Company" or "Co." may not be used in the name.	oration" or "incorporate	'd" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	<u>202 S</u>	Rome Aue
(Principal office address <u>MUST BE A STREET ADDRE</u>	3) Sate 12	25
	Torpa, i	7 33606
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	202 S.	Rome Aue
	Site 1	25
	Tanpa, 1	<u> 1 33806</u>
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	office address in Florida ce address:	ı, enter the name of the
Name of New Registered Ayent:		
New Registered Office Address:	(4	Florida street address)
New Registered Office Address.		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register	ed Agent:	
I hereby accept the appointment as registered agent. I am	familiar with and accep	et the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add Remove			
2) Change			
Add			
3)Change			
Add Remove			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Ar attach additional sheets, if necessary).	. (Be specific)	
		<u> </u>
	 	
		
	` `	

date this document was signed. Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.	isted as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated	
Signature (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) (Typed or printed name of person signing)	