

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM485594

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
All Aboard Florida - Operations LLC		05/30/2018	Limited Liability Company: DELAWARE
RECEIVING PARTY DATA			
Name:	Brightline Trains LLC		
Street Address:	161 NW 6th St.		
Internal Address:	9th Floor		
City:	Miami		
State/Country:	FLORIDA		
Postal Code:	33136		
Entity Type:	Limited Liability Company: DELAWARE		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Registration Number:	5365217	BRIGHTLINE	
Registration Number:	5498213	BRIGHTLINE	
Serial Number:	87631682	BRIGHTLINE	
CORRESPONDENCE DATA			
Fax Number:	3126165700		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>			
Phone:	3126165600		
Email:	trademark@leydig.com		
Correspondent Name:	Mark J. Liss		
Address Line 1:	Two Prudential Plaza, 180 N Stetson Ave		
Address Line 2:	Suite 4900		
Address Line 4:	Chicago, ILLINOIS 60601		
NAME OF SUBMITTER:	Mark J. Liss		
SIGNATURE:	/Mark J. Liss/		
DATE SIGNED:	08/10/2018		
Total Attachments: 6			
source=2018-05-31 Name Change - DE - Brightline Trains LLC#page1.tif			

CH \$90.00 5365217

source=2018-06-01 Name Change - FL - Brightline Trains LLC#page1.tif

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source=2018-06-01 Name Change - FL - Brightline Trains LLC#page5.tif

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: All Aboard Florida - Operations LLC
2. This Certificate of Formation of the limited liability company is hereby amended as follows:

FIRST: The name of the limited liability company is Brightline Trains LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on 30th day of May, 2018.

All Aboard Florida - Operations LLC

By: 

Kalleen O.P. Cobb
Vice President

MO 70000007319
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000165870 3))



H180001658703ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : FLAGLER DEVELOPMENT GROUP, LLC
Account Number : 120020000144
Phone : (305) 520-2344
Fax Number : (305) 520-2400

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALL ABOARD FLORIDA - OPERATIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED
JUN 01 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All Aboard Florida - Operations LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kolleen Cobb

Name of Person

Florida East Coast Industries, LLC

Firm/Company

2855 Le Jeune Rd, 4th Floor

Address

Coral Gables, FL 33134

City/State and Zip Code

kolleen.cobb@feci.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Perez

Name of Person

at (305) 520-2366

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$30 Filing Fee &
Certificate of Status

\$55 Filing Fee &
Certified Copy

\$60 Filing Fee,
Certificate of Status &
Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: All Aboard Florida - Operations LLC

Enter new principal office 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

2. The Florida document number of this limited liability company is: M07000007319

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/18/2007

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Brightline Trains LLC

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: _____

New Registered Office Address: _____

Enter Florida Street Address

Florida

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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

K. Cobb

Signature of the authorized representative

Kolleen Cobb, Vice President

Typed or printed name of signee

Filing Fee: \$25.00

From:

06/01/2018 19:08

#095 P.005/005

State of Delaware
Secretary of State
Division of Corporations
Delivered 05:13 PM 05/30/2018
FILED 05:13 PM 05/30/2018
SR 20184635692 - File Number 4473701

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

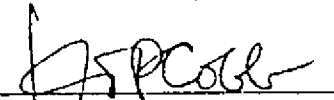
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