

L05000118736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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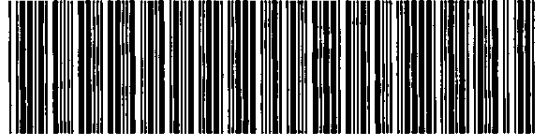
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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D. BRUCE
DEC 07 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BRIDGE FINANCIAL, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL CHEPKWONY

Name of Person

Firm/Company

8010 BLAIR MILL WAY SUITE #1412E

Address

SILVER SPRING, MD 20910

City/State and Zip Code

bridgefinllc@gmail.com

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

For further information concerning this matter, please call:

MICHAEL CHEPKWONY

at (301) 523-3775

Name of Person

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 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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BRIDGE FINANCIAL, 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 Company were filed on 12/13/2005 and assigned
Florida document number L05000118736.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BIRGEN BRIDGE FINANCIAL, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

8010 BLAIR MILL WAY SUITE #1412E

(Principal office address MUST BE A STREET ADDRESS)

SILVER SPRING, MD 20910

Enter new mailing address, if applicable:

8010 BLAIR MILL WAY SUITE #1412E

(Mailing address MAY BE A POST OFFICE BOX)

SILVER SPRING, MD 20910

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:

MICHAEL CHEPKWONY

New Registered Office Address:

382 NE 191ST ST STE 25825

Enter Florida street address

MIAMI

City

Florida

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

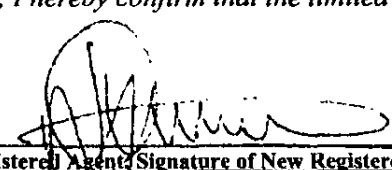
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Zip Code

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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
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MARCIO G ANDRADE	19477 40TH AVE	☐ Add
		GOLDEN BEACH, FL 33160	☒ Remove
			☐ Change
AR	MICHAEL CHEPKWONY		☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 29 NOVEMBER

2016

Signature of a member or authorized representative of a member

MICHAEL CHEPKWONY

Typed or printed name of signee