## L.08000042363

(	Requestor's Name)	
(	(Address)	<u> </u>
(	(Address)	
(	(City/State/Zip/Phone #	F)
PICK-UP	WAIT	MAIL
	Business Entity Name	)
(	(Document Number)	
Certified Copies	Certificates o	f Status
Special Instructions	to Filing Officer:	
Certified Copies	Certificates o	f Status





500293566855

01/20/17--01013--030 \*\*25.00

2017 JAN 20 PH & 28
SECRETARY OF STATE
AND ADMINISTRATE FOR STATE
AND ADMINISTRATE
ADMINI

K. SALY JAN 23 2017

## COVER LETTER

Division of Cor	porations		
Program T SUBJECT:	hree, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kevin Mellow		
		Name of Person	
		Firm/Company	
	2 South Biscayne Blvd., St	uite 3760	
		Address	
	Miami, FL 33131		
		City/State and Zip Code	
	lisa.mgccpa@gmail.com		· · · · · · · · · · · · · · · · · · ·
		to be used for future annual report notifi	cation)
For further information of	concerning this matter, please co	all:	
Bibi		at () 374-0501 Area Code Daytime	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
MAIL	ING ADDRESS:	STREET/COURII	ER ADDRESS:

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZOIT JAN 20 PH LE 28

TALLAHASSEE, FLORID!

Program Three, 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	/28/2008	and assigned
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :	
BridgeMAZE, LLC			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the des	ignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	2 South Biscayne	Blvd.	
(Principal office address MUST BE A STREET ADDRES	Suite 3760		
	Miami, FL 33131		
	2 South Biscayne	Blvd	
Enter new mailing address, if applicable:	Suite 3760	Diva.	
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33131		<del>.</del>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:  New Registered Office Address:			
	Enter Floria	a street address	
	, Florida		
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of n provided for in Ch	y duties, and I am f apter 605, F.S. Or,	amiliar with and if this document is
If Cha.	nging Registered Asso	at Signature of New Be	gistered 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>	Type of Action
MGR	Jeffrey M. Greenberg	12378 SW 82nd Ave	
		Miami, FL 33156	■ Remove
			Change
MGR	KEVIN MELLOW	2 South Biscayne Blvd.	■ Add
		Suite 3760	Remove
		Miami, FL 33131	Change
			□ Add
			Remove
			20 PR
			FRemoVe
			Change
			Adđ
			Remove
			☐ Change
		_	Add
			Remove
			☐ Change

. , ,			
		24	2017 JAN 20
		C 200	是
**************************************		2.5.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	AN PO P
		- ECOT	2
			<u>\$29</u>
			ع التي
		- 1884 - F - 887 - 1887 - 1887 - 1887 - 1887 - 1887 - 1887 - 1887 - 1887 - 1887 - 1887 - 1887 - 1887 - 1887 -	
			<u> </u>
	<del> </del>		
	ck does not meet the applicable st	(optional) of filing or more than 90 days after filing.) Pursuant tautory filing requirements, this date will not be	
document's effective date on the De	partment of state's records.		
		effective time, at 12:01 a.m. on the e	arlier of:
	ira is mea.		
The 90th day after the reco	2017		
The 90th day after the reco			

Page 3 of 3

Filing Fee: \$25.00