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(Re	equestor's Name)			
(Address)				
(Ac	idress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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FALLAHASSEE FLORING

SEP 3 0 2015 S. YOUNG

COVER LETTER

TO: Registration Sect Division of Corpo		Ţ,	**************************************	•
OOE4 Bride	roport IIC		i,	
SUBJECT: 2954 Bridg	Name of Limite	d Liability Company		_
	Traile of Elline	a Diability Company		
	mendment and fee(s) are submi			
	James Pann			
		Name of Person		
	2954 Bridgeport, LLC			
		Firm/Company	·	
	8772 SW 61st Ave			
		Address		型級が
	Miami, FL 33143			_
		City/State and Zip Code		28 15%
	jamespann@gmail.com			ino V
	E-mail address: (to	be used for future annual repo	π notification)	FSTA STA
For further information con	ncerning this matter, please call			2 点
James Pann		at (305) 495-9	355	
Name of F	Person Person		aytime Telephone Numb	per
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	Certifi Certifi	Filing Fee, cate of Status & ed Copy nal 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

TO ARTICLES OF ORGANIZATION OF

2954 Bridgeport, 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 6/12/2015 and assigned Florida document number <u>L150001</u>02659 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." Enter new principal offices 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) 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: New Registered Office Address: Enter Florida street address Florida

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	James Pann	8772 SW 61st Ave	Add
		Miami, FL 33143	☑ Remove
			Change
MGR	Shinerdog, LLC	8772 SW 61st Ave	☑ Add
		Miami, FL 33143	□ Remove
			Change
			Add Add Add Add Add Add Add Add
			GREE □ Add
			□ Remove □ Change
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	Till I'm	SEP F
E. Effect	tive date, if other than the date of filing: (optional);	28
(If an et Note:	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.):Pursual If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be applicable.	ant to 605:0207 (3)(6) Ebe listed as the
	The state of the Department of State's records	<i>ψ</i>
		ក្ ស្ព
If the re (b) The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	e earlier of:
	20.00	
Dated	September 21 , 2015 .	
	1	
	Signature of a member or authorized representative of a member	
	James Pann Typed or printed name of signee	
	ryped or printed name or signed	

Page 3 of 3

Filing Fee: \$25.00