## L170000 59554

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registra Division		ction porations		
	E BRID	GES REAL ESTATE SERVI	CES COMPANY, LLC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed Arts	icles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all c	correspo	ndence concerning this matter	to the following:	
		Kevin L. Wattenbarger		
			Name of Person	
		Five Bridges Real Estate S	ervices Co, LLC	
			Firm/Company	
		3108 W 23rd Street		
			Address	
		Panama City, FL 32405		
			City/State and Zip Code	
		Kevin@WattenbargerMana	•	77
For further inform	nation co	oncerning this matter, please ca	to be used for future annual report no all:	ancation)
Kevin Wattenbar	ger		850 532-5454 at ( )	
	Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is a chec	ck for the	e following amount:		
S \$25.00 Filing	Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing</u> Registra			Street Address: Registration S	ection
Divisio	n of Co	orporations	Division of Co	orporations
P.O. Bo	X 032 i	1	The Centre of	i aiianassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2025 July 12 PH 1: 24

ES COMPANY, LLC	<del>-</del> .
lity Company as it now appears on ella Limited Liability Company)	pur records.)
Company were filed on $\frac{3/15/20}{}$	and assigned
nited liability company here:	
nited Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
RESS)	
ed office address on our record	ds, enter the name of the new registere
	_
Enter Florida st	reet address
	, Florida
City	Zip Code
	ity Company as it now appears on a Limited Liability Company)  Company were filed on 3/15/20  nited liability company here:  nited Liability Company." the designated Liability Company." the designated of fice address on our record

## 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 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

- T - - -

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Chrstopher C. Woods	3108 W 23rd Street	Add
		Panama City, FL 32405	□Remove
			☐ Change
			□Add
		<del></del>	□Remove
			□Change
	<del></del>		□Add
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	<del></del>		□Add
		<del></del>	□Remove
			□Change

(If an et Note:	tive date, if other than the date of filing:  (optional)  (fective 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). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
he reco	rd 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 filed.
	ild.
he reco ord is f	ild.
he reco ord is f	ild.

Filing Fee: \$25.00