Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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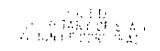
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CHS CONSULTANTS GROUP LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 DEC 20 AM 11: 27

CHS Consultants Group 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 $\frac{03/29/2018}{1}$ and assigned Florida document number ______L18000080266 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Bridge CP Investments 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: (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

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>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
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			f)Change

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it amending any other informat	ion, enter change(s) here: (Attach additional sheets, if necessary) (100) (100)
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	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) ck does not meet the applicable statutory filing requirements, this date will not be listed as the
the record specifies a delayed effective cord is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated December 20	2022
Lam Ullen	
<u>v</u>	signature of a member or authorized representative of a member
MANZANO SAID, CAR	LOS H, AMBR, By: Lauren Underwood, Attorney-in-Fact
	Typed or printed name of signee

Filing Fee: \$25.00