

L18000115436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

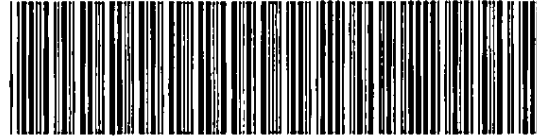
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SEVEN BRIDGES PARTNERS, 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:

JOHN D JAMES

Name of Person

Firm/Company

1586 SEVEN BRIDGES RD.

Address

MONTICELLO, FL 32344

City/State and Zip Code

JAMESBUG12@GMAIL.COM

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

For further information concerning this matter, please call:

APRIL JAMES

850 528-2086
at () _____
Area Code Daytime Telephone Number

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2023 JAN 19 AM 11:48

SEVEN BRIDGES PARTNERS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 05/08/2018 and assigned
Florida document number L18000115436.

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:

JOHN D. JAMES

New Registered Office Address:

1586 SEVEN BRIDGES RD.

Enter Florida street address

MONTICELLO

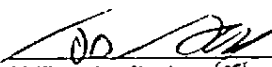
City

Florida 32344

Zip Code

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

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

Multiple horizontal lines for amending information.

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SECRETARY OF STATE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: 12/30/2022 (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 12/30 2022

[Signature]
Signature of a member or authorized representative of a member

John A. James
Typed or printed name of signer

u

RESOLUTION OF SEVEN BRIDGES PARTNERS, LLC, A FLORIDA LIMITED LIABILITY COMPANY

MEMBERS

THIS RESOLUTION, upon unanimous consent of all of the Members of *Seven Bridges Partners, LLC*, a Florida Limited Liability Company (the "Company"), hereby adopts the following resolution pursuant to Florida's Revised Limited Liability Company Act:

BE IT RESOLVED that the matters described herein have been properly noticed and submitted to all Members entitled to grant or deny consent to said matters;

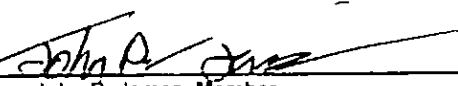
BE IT RESOLVED that the Benjamin Glen Bishop is resigning from the Company, with agreed compensation of \$15,000.00.

BE IT RESOLVED that the Company is changing the Registered Agent from Benjamin G. Bishop to John D. James.

DATED as of the last date executed below.

By: 
Benjamin G. Bishop, Member

Date: 12/30/2022

By: 
John D. James, Member

Date: _____