LZZ000231057

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Socialistic Number)
Certified Copies Certificates of Status
Consideration to 500 and 600 and
Special Instructions to Filing Officer:





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11/27/23--01014--018 **50.00



COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corpo	rations	
SUBJECT:	ANTE BLIDGE CROUP UC Name of Limited Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are submitted for filing.	
Please return all correspond	ence concerning this matter to the following:	
	Linde Votrubora Name of Person	
	Firm/Company:	
	459 Walls Way	
	OSPree F 34229 Vehy/State and Zip Code Vehy/State and Zip Code In Cla VO + NI bova (O) I cloud · Com E-mail address: (to be used for future annual report notification)	
For further information cond	cerning this matter, please call:	
Linda Name of Pe	erson at (941) 840 3188 Area Code Daytime Telephone Number	
Enclosed is a check for the f	following amount:	
\$25,00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	ı
Mailing Address: Registration Sec Division of Corp	· ·- D · · · · · · · · · · · · · · · · ·	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATLANTIC BRID	DEE GROUP LIC
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabilit	t now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were Florida document number <u>LW0000231057</u>	filed on $05/7/2022$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liability c</u>	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Con	mpany." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	
	27
	::
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office addre	ss 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

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.

Cirv

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
AMBR	Linda Viotrubova	459 Walls Way	□Add
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			□Change
AMBR	Jun strine Invest	ic 459 Walls Way Ofprey For 342	ÆAdd
		Osprey Fet 342.	25) □Remove
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Typed or printed name of signee