Division of Corporations

Florida Department of State Division of Conforations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:				

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRIDGE ATLANTIC LLC



Certificate of Status	0
Certified Copy	1
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S. ROBERTS

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Corporate Filing Menu

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JUL - 7 2023

COVER LETTER

TO: Registration S Division of Cor			
BRIDGE A	ATLANTIC LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	STEFAN POLFLIET		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	BRIDGE ATLANTIC LL	С	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	7515 HOGAN CT		
		Address	
	NAPLES, FL 34113		
		City/State and Zip Code	
	STEFAN.POLFLIET@BR		
	E-mail address: (to be used for future annual report not	ification)
For further information of	oncerning this matter, please c	all:	
STEFAN POLFLIET		314 591 5203	
Name o	f Person	at ()	ne Telephone Number
Enclosed is a check for t	ne following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Co	porations
P.O. Box 632		The Centre of 1	
Tallahassee, l	rl 32314	Z415 N. MODTO	e Street, Suite 810

Tallahassee, FL 32303

H23000236963 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRIDGE ATLANTIC LLC			
(Name of the Limited Liability Comma (A Florida Limited)	ny <u>as it now adnears on our records.</u>) Liability Company)		
he Articles of Organization for this Limited Liability Company orida document number <u>L23000005889</u>	and assigned		
nis amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	ility company here:	2023.	
e new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."	
nter new principal offices address, if applicable:		Ç Y	
rincipal office address MUST BE A STREET ADDRESS)			
		12:5	
nter new mailing address, if applicable:			
failing address MAY BE A POST OFFICE BOX			
If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the na	me of the new registe	
New Registered Office Address:			
	Enter Florida street address		
	, Florida _		
Destruction of Association (Company)	City	Zip Code	
w Registered Agent's Signature, if changing Registered Agent;	ee to act in this capacity. I further a	orga to comply with	

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>	Name	Address	Type of Action
AMBR	HAB CAPITAL LLC	2528 PROVIDENCE RD	Dbdd
		CHARLOTTE, NC. 28211 US	■Remove
			☐ Change
			□Add
			□Remove
			Change
			
			Remove
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			□Add
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Tective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blue cument's effective date on the D	ock does not meet the ap	plicable statutory filis	coptions (options) one than 90 days after filing requirements, this days	al) ng.) Pursuant to 605.0207 ite will not be listed as
record specifies a delayed effectiv is filed.	e date, but not an effective	ve time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
July 6th	2023			
		T_)		
		Studien	5	
	Signature of a member or i	offhorized representative	of a member	

Filing Fee: \$25.00