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 : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **IMTIAZ GROUP LLC**

Certificate of Status	0
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Page Count	04
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Imtiaz 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 02/06/23 ____ and assigned Florida document number __L23000065817_ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Bridge Global Services 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Ghazal Rahimullah	7901 4th St N STE 300	X Add
		St. Petersburg, FL 33702	□Remove
MGR	AJMAL HABIB	7901 4TH ST N STE 300	🗆 Add
		ST. PETERSBURG, FL 33702	∑Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
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`an effective da <u>Vote:</u> If the o	e, if other than the date ate is listed, the date must be sp late inserted in this block do ffective date on the Departr	ecific and cannot be process not meet the app	licable statutory f	or more than 90 days	optional) after filing.) Pursuant (, this date will not b	to 605.0207 (3 e listed as th
record speci: Lis filed.	fies a delayed effective date	, but not an effective	e time, at 12:01 a.	m. on the earlier o	f: (b) The 90th day	after the
ated	February 16					
				tive of a member		

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Filing Fee: \$25.00