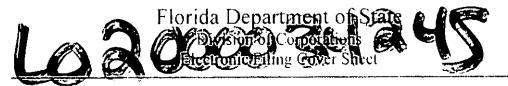
1/29/2021

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210000403063)))



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To:

Page: 13 of 32

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067

Phone : (845)425-0077

Fax Number : (845)818-3588

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

Frankli Addurace.			
	Email Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRIDGEVIEW CENTER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00



Electronic Filing Menu — Corporate Filing Menu

Help

From: Voorp Services, LL:

Page: 14 of 32

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bridgeview Center, LLC						
(Name of the Lim	ted Liability Compa (A Florida Linuted L	ny as it now appears or iability Company)	n our records.)		· 	
The Articles of Organization for this Limited L Florida document number L02000034245		were filed on 12-19	-2002	a	nd assig	med
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liabi	lity company here:	:			
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the desig	unation "LLC" or t	lie abbievial	tion "L L.	C
Enter new principal offices address, if appli	cable:					
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>			- 		
Enter new mailing address, if applicable:				F - 1777	JAN 29	
(Mailing address MAY BE A POST OFFICE	BOX)			777	H P: 4	
B. If amending the registered agent and registered agent and/or the new registered of	ffice address here	<u>:</u> :	ur records, <u>en</u>	iter the r	name o	f the nev
Name of New Registered Agent:	Veorp Services.	, LLC	<u> </u>	•		
New Registered Office Address.	5011 South Stat	ie Road 7, Suite 106				
		Enter Elovida	street address			
	Davie		Florida	a <u>33314</u>		
		Сиу		7.1	r 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

From: Vcorp Services, LI

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

2021-01-29 17:02:53 GMT

AMBR = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			
			□ Remove
			Change
			☐ Remove
			☐ Change
			
			Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			Add
			Remove
			Change
			□ Add
			☐ Remove
			Change

					
					
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Note	g If the date	Tother than the date of listed, the date must be spe inserted in this block do ive date on the Departm	es not meet the applicable statute	(optional) ling or more than 90 days after filing) Pur ory filing requirements, this date will	suant to 605,0207 (3)(b) not be listed as the

Page 3 of 3

Passa

Raeesa Ibrahim

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00