

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H130002654963)))



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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE BRIDGES, LLC

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B. BOSTICK

DEC - 5 2013

EXAMINAL

12/04/2013

(((H13000265496 3)))

COVER LETTER

TO: Registration Section Division of Corporations

The Bridges, 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:

Bruce Kratz, Esq.

Jeck, Harris, Raynor & Jones

790 Juno Ocean Walk, Suite 600

Juno Beach, FL 33408

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

For further information concerning this matter, please call:

Kristen Hnasko

Name of Person

Code & Daytime Telephone Number

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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(((H13000265496 3))) **OF**

The Bridges, LLC		
(Name of the Limited Liability Compa (A Florida Limited L	nv as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number L0400007672		4 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company bere:	
North Beach Rd, LLC		
The new name must be distinguishable and end with the words "Limi	ited Liability Company," the designation	"LLC" or the abbreviation
"L.L.C." Enter new principal offices address, if applicable:	8985 S.E. Bridge Rd.	
(Principal office address MUST BE A STREET ADDRESS)	Hobe Sound, FL 33455	₩ (
		7:4
Enter new mailing address, if applicable:	8985 S.E. Bridge Rd.	9
(Mailing address MAY BE A POST OFFICE BOX)	Hobe Sound, FL 33455	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		r the name of the new
Addie of New Registered Agent.	*************************************	/
New Registered Office Address:	Enter Florida street d	address
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	lete performance of my duties, and provided for in Chapter 608. F.S. (I am familiar with and r, if this document is

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If Changing Registered Agent, Signature of New Registered Agent

12/4/2013 10:18 AM FROM: Jeck, Harris, Raynor JHRJ P.A. TO: +1 (850) 617-6383 PAGE: 005 OF 006

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member <u>Title</u> Name Address Type of Action Remove Remove Remove Remove

' 12/4/2013 10:18 AM FROM: Jeck, Harris, Raynor JHRJ F.A. TO: +1 (850) 617-6383 PAGE: 006 OF	005
(({H13000265496	3))
ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
2 Dec 2013	
A. L.Z.	
Andrew Belford, Manager	
	(((H13000265496 ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00

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