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(Re	questor's Name)	
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☐ PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

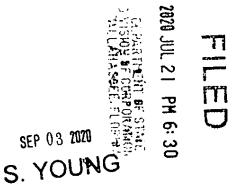


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JUL 2 1 2020



COVER LETTER

TO:

Registration Section

Div	ision of Cor	rporations		
SUBJECT:	BRADLEY	"S POND LLC	· ·	
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		KATHY CARLSON		
			Name of Person	
		BRADLEY'S POND		
			Firm/Company	
		1615 VILLAGE SQUARE	E BLVD. SUITE 3	
			Address	-
		TALLAHASSEE FL 3230	99	
			City/State and Zip Code	
		KATHYCARLSON327@C		
		E-mail address: (to be used for future annual repor	t notification)
For further in	iformation c	oncerning this matter, please c	all:	
КАТНҮ СА	RLSON		850 222973	0
	Name o	f Person		aytime Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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)
Reg Div	ling Address sistration S ision of Cook Box 632	Section orporations		Section Corporations
	. Box 632 lahassee, F			of Tallahassee onroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

RKADL	E Y '5	POND	LLC

(Name of the Limited)	Florida Limited I	iny as it now appears Liability Company)	on our records.)	ra Ta
The Articles of Organization for this Limited Liabi	lity Company	were filed on JUN	E 28, 2005	ahe assigned
his amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) TALLAHASSEE FL 32309 Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) TALLAHASSEE FL 32309 TALLAHASSEE FL 32309 If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here: Name of New Registered Agent: MICHAEL G PAGE				
A. If amending name, enter the new name of th	e limited liab	ility company her	<u>e</u> :	6: 30 Slide FLORIDA
The new name must be distinguishable and contain the word	s "Limited Liabil	lity Company," the des	signation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		9002 BRADLEY	ROAD	
(Principal office address MUST BE A STREET ADDRESS)		TALLAHASSEE	FL 32309	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	-		
agent and/or the new registered office address h	<u>ere</u> :		ords, <u>enter the r</u>	name of the new registered
Name of New Registered Agent.	MICHAEL OT AGE			
New Registered Office Address:	200 BRADLE			
			a street address	
<u></u>	ALLAHASSE	E	Florida	32309
		City		Zip Code
New Registered Agent's Signature, if changing Regi	stered Agent:			LLC" or the abbreviation "L.L.C." generally a second of the new registered dress Florida 32309

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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

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
RA	JOHN R LEWIS	1615 VILLAGE SQUARE BLVD SUITE 3	🗆 Add
		TALLAHASSEE FL 32309	■Remove
			□Change
AR 	KATHLEEN A CARLSON	1615 VILLAGE SQUARE BLVD SUITE 3	
		TALLAHASSEE FL 32309	■Remove
			□Change
M	BRADFORD R LEWIS	1615 VILLAGE SQUARE BLVD SUITE 3	
		TALLAHASSEE FL 32309	≅Remove
		-	□Change
			□Add
			□Remove
			□Change
			🗆 Add
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			□Remove
			□ Change

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fective date, if other than the neffective date is listed, the date muste: If the date inserted in this becument's effective date on the D	st be specific and cannot be lock does not meet the	applicable statutory	g or more than 90 days r filing requirements	optional) after filing.) Pursuant to s. this date will not be	605.0207 listed as
ecord specifies a delayed effective is filed.	e date, but not an effec	ctive time, at 12:01	a.m. on the earlier o	of: (b) The 90th day	after the
UU V 15	2020				
led		·			
ded JULY 15,		·			
ded JOLY 13,	Signature of a member of	or authorized represen	tative of a member		-