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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	<i>→</i> #)
PICK-UP	WAIT	MAIL
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Certified Copies Certificates of Status		of Status
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COVER LETTER

TO: Registration S Division of Co		•	
SUBJECT:	RIDGET Name of Lim	DEVANE /	LLC
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Brid	GET BRE	ELAND
		Firm/Company	
	2111 PI	NNACLE CI	RN.
Alre (onfi	PAIM H le) Proma BR E-mail address:	City/State and Zip Code T DGET BREIAY to be used for future annual report notif	34684 ad Ogmail. com
	concerning this matter, please c		
BRIDGET Name	BRELAND of Person	at (737) 42/ Area Code Daytime	- 0573 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 OF

BRIDGET	DEVANEY, LLC
(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>LOLODOD 5431</u>	Impany were filed on $5/25/200$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited BRIDGET BR The new name must be distinguishable and contain the words "Limited and contain the words".	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office addre	ered office address on our records, enter the nathe of the newess here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered	City Zip Code Agent:

If Changing Registered Agent, Signature of New 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
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ffective date, if other tha	n the date of filir	1g:		(optional)		
an effective date is listed, the d	ate must be specific ar	id cannot be prior		more than 90 days	s after filing.) Purs		
Note: If the date inserted in locument's effective date on				ing requirement	s, mis date win i	ioi de fisio	eu as
e record specifies a de The 90th day after th			et an effective	e time, at 12:	01 a.m. on t	he earlie	er o
Dated		. 2018	<u> </u>				
ated							

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00