# L09000095426

(Requestor's Name)	
· (Address)	
(Address)	
•	
(City/State/Zip/Phone #)	
(engretate)2.pr nene ny	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Si	tatus
Special Instructions to Filing Officer:	

Office Use Only



900163360509

12/29/09--01001--016 \*\*30.00



C. LEWIS
DEC 2 8 2009
EXAMINER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 17, 2009

ADAM H. LEWIS / INTROBRIDGE, LLC 205 FLAMINGO LANE MELBOURNE BEACH, FL 32951

SUBJECT: INTROBRIDGE, LLC Ref. Number: L09000095426

We have received your document for INTROBRIDGE, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$30.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

DO DOV COOF TO ILL. TIL. 'L. COO!

Letter Number: 009A00038384

### **COVER LETTER**

Division of C			
CIDIFOT.	Intro	Bridge, LLC	
SUBJECT:		nited Liability Company	<del></del>
The enclosed Articles	of Amendment and fee(s) are su	abmitted for filing.	
Please return all corre	spondence concerning this matte	er to the following:	
		Adam H. Lewis Name of Person	
		Name of Person	
		IntroBridge, LLC Firm/Company	<u> </u>
		205 Flamingo Lane Address	· · · · · · · · · · · · · · · · · · ·
	<b>3</b> 4	Marine Basel El 00054	
	Me	Ibourne Beach, FL 32951 City/State and Zip Code	<del></del>
	a	dam@introbridge.com	· · · ·
For further information	E-mail address:	(to be used for future annual report notificat	ion)
1 of further miorisanic	in concerning and matter, prease	van.	
	Adam H. Lewis	at (	7-4560
Nam	ne of Person	Area Code & Daytime To	elephone Number
Enclosed is a check for	or the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div	ILING ADDRESS: istration Section ision of Corporations	STREET/COURIER Registration Section Division of Corporation	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2009 DEC 24 PM 3: 05

	IntroBrid	lge, LLC	SECRE	TABUALA
(Name of the Limite	d Liability Compa A Florida Limited	ny as it now appear Liability Company)	SECRE rs on our redords.) AH	ASSEE. FLORIDA
The Articles of Organization for this Limited I Florida document number		y were filed on	10/02/2009	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited lia	bility company her	<u>re</u> :	
	N//	Α		
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Compa	nny," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if appli	N/A	-		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:	,	N/A		
(Mailing address MAY BE A POST OFFICE	E BOX)		·	
			**** *** * * * * * * * * * * * * * * *	
B. If amending the registered agent and registered agent and/or the new registered of			our records, enter	the name of the new
Name of New Registered Agent:	N/A			
New Registered Office Address:				
		En	ter Florida street ada	lress
			, Florida	
		City		Zip 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 608, 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 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>	<u>Name</u>	Address	Type of Action
MGR	Zanell Lewis	205 Flamingo Lane Melbourne Beach, FL 32951	Add Remove
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Add Remove
·			Add Remove
			Add Remove
			Add Remove
<del></del>	***************************************		Add Remove
	nding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessa	ry.) 
<u>-</u>			
Dated	December 14th ,	•	PILE PORC 24 PORCE SECRETARYSEE
	Туг	Adam H. Lewis ed or printed name of signee	
		Page 2 of 2	PH 3: 05 PH 3: 05 EE.FLORIDA

Filing Fee: \$25.00