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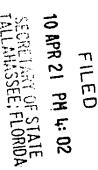
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PICK-UP WAIT MAIL					
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S. HAWKES

APR 2 2 2010

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJEC	T. BRIDGES EOLA, LLC				
SOBILE	Name of Limited Liability Company				
The enclo	osed Articles of Amendment and fee(s) are submitted for filing.				
Please re	urn all correspondence concerning this matter to the following:				
	Terry W. Covert				
	Name of Person				
	Copeland & Covert, PLLC				
	Firm/Company				
631 Palm Springs Dr. Ste. 115 Address					
	Altamonte Springs, FL 32701 City/State and Zip Code				
terry@copelandcovert.com E-mail address: (to be used for future annual report notification)					
For furth	er information concerning this matter, please call:				
	Terry W. Covert at (407)830-7220 Name of Person Area Code & Daytime Telephone Number				
Enclosed	is a check for the following amount:				
\$25.0	Specificate of Status Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Solve a Specificate 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 Cliffon Building 2661 Executive Center Circle				

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BR	RIDGES EOLA, LLC		
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appe orida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liab	ility Company were filed on	4/14/2010	and assigned
Florida document numberL10000040180			
This amendment is submitted to amend the follow	ing:		4
A. If amending name, enter the new name of the	e limited liability company h	ere:	SEGRETARY FILL
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Com	pany," the designation "	or the abble jation
Enter new principal offices address, if applicab	le:		FIST
(Principal office address MUST BE A STREET A	ADDRESS)		10000000000000000000000000000000000000
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
	· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter	the name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	E	nter Florida street add	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> **Type of Action** <u>Name</u> <u>Address</u> **MGRM** CHERYL COGSWELL 15 North Indian River Dr. #304 ☐ Add Cocoa, FL 32922 X Remove MGR CHERYL COGSWELL 15 North Indian River Dr. Add Add #304 ☐ Remove Cocoa, FL 32922 ☐ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

April 19

Signature of a member or authorized representative of a member

Terry W. Covert

Typed or printed name of signee

Page 2 of 2

Dated

Filing Fee: \$25.00