## L11000018581

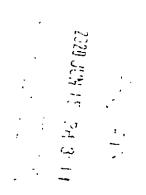
(Re	questor's Name)	<del></del>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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7/21/20

## **COVER LETTER**

TO:

TO: Registration Division of	n Section Corporations		
	EVIEW INVESTEMENTS, LLC	•	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	CHRIS ESTEY		
	<del>-</del>	Name of Person	
	BRIDGEVIEW INVESTE	MENTS, LLC	
		Firm/Company	
	2021 SUNNYDALE BLV	D. SUITE 100	
		Address	
	CLEARWATER, FL 337	65	.,,
	esteychris@gmail.com	City/State and Zip Code	
	·	to be used for future annual report notification)	-
For further information	on concerning this matter, please c	all:	
DAVID A. LUBOTS	KY	727 946-9444 at ( )	
Nan	ne of Person	Area Code Daytime Telepho	one Number
Enclosed is a check fo	or 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)
P.O. Box 6	n Section f Corporations	Street Address: Registration Section Division of Corporatio The Centre of Tallahas 2415 N. Monroe Stree Tallahassee, FL 32303	ssee t, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Liability Company)	)
The Articles of Organization for this Limited Liability Company	were filed on 02/14/2011	and assigned
Florida document number L11000018581		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
BRIDGEVIEW INVESTMENTS, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· ~:
(Principal office address MUST BE A STREET ADDRESS)		
		Ē
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		19
Fruiting undress MAT BE A TOST OFFICE BOXY	· · · *	
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:  Name of New Registered Agent:	ddress on our records, <u>enter t</u>	he name of the new regi
New Registered Office Address:		
The registered office radical.	Enter Florida street address	
	, Flor	rida
	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 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change

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Typed or printed name of signee