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(R	Requestor's Name)	
,	,	
(A	ddress)	
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(Ċ	ity/State/Zip/Phone #))
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(C	Ocument Number)	
Certified Copies	Certificates of	of Status
Special Instructions to Fil	ting Officer:	
		J. HORNE
	J,	J. HORNE AN - 5 2023
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Office Use Only



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COVER LETTER

Division of Corporations
SUBJECT: T-11 R Bridge A CGIIIS HOW LLC Warme of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for tiling.
Please return all correspondence concerning this matter to the following:
Aniberly Rivers Name of Person Int Bridge Acquisitions, LLC Firm/Company 3919 West Millers BridgeRd Address Tallahassee I-L 32312 City/State and Zip Code Marsha @ Inkhridge . Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: May 5/16 Follow 100 at (850) 5/0-9385 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Versional Section Filing Fee & Contribute of Status Certificate of Status & Contribute Copy (additional copy is enclosed)

TO:

Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

fallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT

TO

ARTICLES OF O	'RGANIZATION
0	F 23 JAN -5 PM 3= 18
Burnette Rayfing	MA LLCALL ALASSE FLORIDA ny us it now appears on our records.)
(A Florida Limited L	.iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L110000738</u> 99	were filed on $\frac{6/34/3011}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil. The new name must be distriguishable and contain the words "Limited Liabil! Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	• •
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3919 West Willers BridgeRd Tallahasser, FC 32312
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered

Name of New Registered Agent:

New Registered Office Address:

FILED

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 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

Title	<u>Name</u>	Address	Type of Action
MOR	hauren Burnette		□Add
		Monticello, FC	TRemove
	. 6		□Change
MGR \$	Kimberly Rivers	3919 West Milles Birdy Tallahassey Fl 323	Chef DAGO
	`.'J	Tallahussee FL 323	<u> </u>
			□Change
ega ya aamaa ea			□Add
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			□Change

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If an effecti Note: If t	date, if other than the date of filing:
e record sp rd is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
 Dated <u>S_</u>	January 5 2024. Massice Section of a member of a member of a member
	Marsha Fellinar Typed or printed name of signee

Filing Fee: \$25.00