Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130002561183)))



H130002581183ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : AKERMAN LLP - MIAMI

Account Number : 075471001363 : (305)374-5600

: (305)374-5095

er the email address for this business entity to be used for future

n-annual report mailings. Enter only one email address please, \*\* Clemail Address: 13 NOV 19

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BRIDGE PORT 95, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

MOV 2 0 2013

Electronic Filing Menu Corporate Filing Menu

Help

D. ETUCE

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRIDGE PORT 95,	, LLC		
(Name of the Limited Liability Company as it me (A Florida Limited Liability C	aw appears on our records.)		
The Articles of Organization for this Limited Liability Company were file Florida document numberL13000077992	ed on May 29, 2013 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability com	pany here:		
The new name must be distinguishable and end with the words "Limited Liabili"L.L.C."	ity Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:			
(Principal office address MUST BR A STREET ADDRESS)	P. 2		
<del></del>	A See See		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office address here;	ress on our records, enter the name of the new		
Name of New Registered Agent:			
New Registered Office Address:			
·	Enter Florida street address		
	, Florida		
City	Zip Code		
New Decisional America Classical & Alexandria Yangistan da ana			

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 Rogistered 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 = Man MGRM = M	iager anaging Member		
Title	Name	Address	Type of Action
MGR	Kevin D. Carroll	201 South Biscayne Boulevard Suite 2801 Miami, Florida 33131	Add Remove
			Add Remove
			Arket 7
D. If amend	ing ony other information, enter change(		المستران المستران
		<del></del>	25
Dated MC	Nember 19 201	3 .	
2000 1 4 5		r authorized representative of a member	<del></del>
	Ponald T. Frain Typed on	printed name of signon	

Page 2 of 2

Filing Fee: \$25.00