## 113000/50549

(Requestor's Name)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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Special Instructions to Filing Officer:			
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## COVER LETTER **Registration Section** TO: **Division of Corporations** Three Bridges Realty LLC The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: William Earle Name of Person The Bridger Realty LLC Firm/Company Address Key Bis cane FL 33149 City/State and Zip Code willewy bird Q a ol. com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Earle

at (305) 345 2025

Area Code & Daytime Telephone Number

Enclosed is a check for 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)

**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Three Bridges Realty	LLC			
(Name of the Limited Liability Composition (A Florida Limited	any as it now appears on o Liability Company)	ur records.)	<del></del>	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L 13000 150 549</u> .	by were filed on $\frac{10/2}{2}$	25/2013	_ and assign	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and end with the words "Lim'L.L.C."	nited Liability Company," th	e designation "LLC	" or the abb	reviation
		<u>ラ</u> ,	2813	
Enter new principal offices address, if applicable:		\$ 5°		es capenal
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>		<del></del>
		4 12 x	\$-	)
			- Ter	17
Enter new mailing address, if applicable:		50%	- <del> </del>	
(Mailing address MAY BE A POST OFFICE BOX)		<b>√</b> \ •	(2)	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		cords, enter the	name of t	the new
Name of New Registered Agent:			<del></del>	<del> </del>
New Registered Office Address:	Fntor Fle	orida street addres		<del></del>
	Linei I'll	n wa direet <b>waar</b> ed	J	
	City	, Florida	Zip Code	
	Citv		zid 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>	<u>Address</u>	Type of Action
MGRM	Myles Savery	412 Woodcrest RA Key Biscayne, FL	Add
		Key Biscayne, FL	Remove
		33149	<del></del>
<del></del>			Add
			Remove
			_
			Add
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		A day in right	_ E_ Add
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D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	, ,
Dated _	Dec 2 , 2013
	Signature of a member or authorized representative of a member
	William Earle Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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