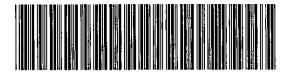
# L1500013570

(Re	questor's Name)	
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SECRETARY OF STATE
ANASSEF, FLORIDA

AUG 2 5 2015

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## COVER LETTER

	Division of Corp		٠ .	
UBJEC	A BRIDGE	TO GROWTH, LLC		"
ODGE	J1,	Name of Lim	ited Liability Company	
he encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease re	eturn all correspon	ndence concerning this matter	to the following:	
		RAUL GASTESI JR		
			Name of Person	
		GASTESI & ASSOCIATE	ES, PA	•
			Firm/Company	
		8105 NW 155 STREET		
			Address	
		MIAMI LAKES, FL 3301	6 .	
			City/State and Zip Code	
		rgastesi@gastesi.com  E-mail address: (	to be used for future annual report notif	ication)
or furth	ner information co	oncerning this matter, please c	•	,
	GASTESI JR	•	305 818-9993	
	Name of	Person	at () Area Code Daytime	e Telephone Number
Enclosed	d is a check for th	e 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

A BRIDGE TO GROWTH, LLC		
( <u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our record a Limited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability C Florida document number L1500063570	Company were filed on APRIL 10, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC	
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our records ress here:	s, <u>enter the name of the r</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	S
<del></del>		orida
	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 Changing Registered Agent, Signature of New Registered

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our seconds:

MGR = Manager AMBR ≈ Authorized Member .

<u>Title</u>	Name	Address	Type of Action
MGR	OSCAR DE ARMAS	14906 SW 37TH STREET	
•	· ·	DAVIE, FL 33331	<b>≡</b> Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
<del></del>			□ Add
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