

L15000210634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

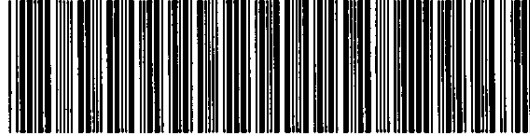
(Business Entity Name)

(Document Number)

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NC & Amend

05/20/16--01004--011 **25.00

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16 MAY 20 AM 7:53
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TALLAHASSEE, FLORIDA

MAY 25 2016
N. CAUSSEAU



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OTHER SIDE OF THE BRIDGE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CURT FRANCIS

Name of Person

OTHER SIDE OF THE BRIDGE LLC

Firm/Company

16921 NE 6TH AVE SUITE 600

Address

NORTH MIAMI BEACH, FL 33162

City/State and Zip Code

KARACHIEF@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CURT FRANCIS

786 258-6934

at ()

Name of Person

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**

OTHER SIDE OF THE BRIDGE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/21/2015 and assigned
Florida document number L15000210634.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CPJ CABLE LLC

The new name must be distinguishable and contain the words "Limited Liability 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) _____

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 on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	CURT FRANCIS	16921 NE 6TH AVE	<input type="checkbox"/> Add
		NORTH MIAMI BEACH, FL	<input type="checkbox"/> Remove
		33162	<input checked="" type="checkbox"/> Change
COO	ARMOND JOHNSON	16921 NE 6TH AVE	<input type="checkbox"/> Add
		NORTH MIAMI BEACH, FL	<input checked="" type="checkbox"/> Remove
		33162	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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16 MAY 20 04 17:58
FLORIDA
STATE
SECRETARY
OF
STATE

16 MAY 22 1964
STATE
FLORIDA
TALLAHASSEE

16 MAY 20 AM 7:53
STATE
FLORIDA
TALLAHASSEE

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated MAY 17, 2016

Signature of a member or authorized representative of a member

CURT FRANCIS

Typed or printed name of signee