

L16000 166708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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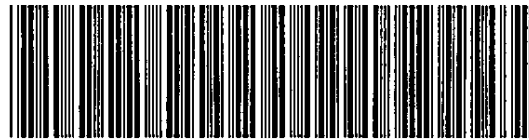
(Business Entity Name)

(Document Number)

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**TO: Registration Section
Division of Corporations**

SUBJECT: Advanced Bridge Technologies 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:

Tina Vidal

Name of Person

Advanced Bridge Technologies LLC

Firm/Company

16301 SW 157 Avenue

Address

Miami, FL 33187

City/State and Zip Code

tvidal02@yahoo.com

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

For further information concerning this matter, please call:

Tina Vidal

786 423-0577

at () _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Advanced Bridge Technologies, 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 09/06/2016 and assigned
Florida document number L16000166708.

This amendment is submitted to amend the following:

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

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)

16301 SW 157 Avenue

Miami, FL 33187

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

16301 SW 157 Avenue

Miami, FL 33187

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:

Tina Vidal

New Registered Office Address:

16301 SW 157 Avenue

Enter Florida street address

Miami

City

Florida 33187

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>
MGR	CDR Enterprises Inc	8669 NW 36 Street, Suite 340	<input type="checkbox"/> Add
		Miami, FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CDR Management Corporation	16301 SW 157 Avenue	<input checked="" type="checkbox"/> Add
		Miami, FL 33187	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Atorod Azizinamini, PhD	16301 SW 157 Avenue	<input checked="" type="checkbox"/> Add
		Miami, FL 33187	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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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 October 31

2017

2017



Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Carlos Duart

Typed or printed name of signee

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