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SECNETARY OF CLOSIDA
TALL AHASSEE, CLOSIDA

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## **COVER LETTER**

	egistration Se dvision of Cor			
end neve		DGE CONSULTING LLC		
SUBJECT		Name of Lin	nited Liability Company	
The enclos	sed Articles of	Amendment and fec(s) are sub	emitted for filing.	
Please retu	ım ail correspo	ndence concerning this matter	to the following:	
		PINIZZOTTO, FRANK		
14140 Passage Way			Firm Company	
		Seminole, FL 33776	Address	
		pinizzottof@yahoo.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual repo	rt notification)
For further	information co	oncerning this matter, please c	all:	
PINIZZOTTO, FRANK		727 483760		
	Name of	f Person	Area Code D	Paytime Telephone Number
Enclosed i	s a check for th	ne 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 tadditional copy is enclosed)
	MAILI	NG ADDRESS:	STREET/CO	OURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

# TO ARTICLES OF ORGANIZATION OF

BLUE BRIDGE CONSULTING LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) iability Company)	<del></del>
The Articles of Organization for this Limited Liability Company v Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the ab	breviation "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 off registered agent and/or the new registered office address here  Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	the name of the new
New Registered Office Address:		
New Regimered Office Address.	Enter Florida street address	<u>υρδ</u> ω
<del></del>	, Florida	-Zin Code
New Registered Agent's Signature, if changing Registered Agent:	•	100 E
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as properties to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am for vovided for in Chapter 605, F.S. Or,	amiliar with and if this document is
•		

If Changing Registered Agent, Signature of New Registered Agent

### or removed from our records:

### MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Manny Singh	6610 N University Dr Tamarac FL 33321	
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indre: u u	date, if other than the date of filing:  (optional)  we date is listed, the date must be specific and cannot be piter to date of filing or more than 90 days after (ling.) Pursuant to be date inserted in this block does not meet the applicable statutory filing requirements, this date will not be less effective date on the Department of State's records.	605,0207 (3 K) listed as the
the record ) The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ealth day after the record is filed.	
Dated	June 114 2019	₩ 13
	track (wante)	·
	2.3>	<b>= ン</b>
	PINIZZOTTO, FRANK	N : 82
	Typed or primed name of signee 276	

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Filing Fee: \$25.00