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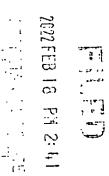
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

	Registration Se Division of Cor			
CUDIEC		ESTATE INVESTORS, LLC		
SUBJEC	1:	Name of Lin	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		CARL MCPHERSON		
			Name of Person	Filing Fee, icate of Status & ied Copy onal copy is enclosed)
			Firm/Company	_
		431 MARTINIQUE COV	E	
	_			
		NICEVILLE, FL 32578		
	City/State and Zip Code			
		carllmcpherson@gmail.cor		
		E-mail address: ((to be used for future annual report notification)	F 3 5
For further	er information co	oncerning this matter, please c	all:	5 5
CARL M	ICPHERSON		850 598-0651 at ()	문
	Name o	f Person	Area Code Daytime Telephone Number	er
Enclosed	is a check for th	ne following amount:		
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifie	ate of Status & d Copy
Ī	Mailing Addres Registration S	Section	Street Address: Registration Section	
	Division of C	•	Division of Corporations	
	P.O. Box 632 Tallahassee, I		The Centre of Tallahassee 2415 N. Monroe Street. Suite	810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bridge Control

CSC REAL ESTATE INVESTORS, 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 JANUARY 10, 2018	and assigned
Florida document number L18000009291		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
SUSAN E. MCPHERSON, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		
		6.3
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
-		
Name of New Registered Agent:		
Name Description of Office Address.		
New Registered Office Address:	Enter Florida street address	
	, Florid	a
	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 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>	Address	Type of Action
MGR	SUSAN E. MCPHERSON	431 MARTINIQUE COVE	= Add
		NICEVILLE, FL 32578	
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
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			□Change
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			□Remove
			□Change
			□Add
			Remove
			□Change

	
	
	
	
	
	
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fective date, if other than the date of filing:	it to 605.0207 (3 be listed as th
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th date is filed.	ay after the
Signature of a member or authorized representative of a member	
Care L. M. Mens	
Signature of a member or authorized representative of a member	<u> </u>

Filing Fee: \$25.00

Typed or printed name of signee