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(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Br	usiness Entity Nar	me)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
	perty Services LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lori Meader		
		Name of Person	
	Bridge Property Services I	LLC	
		Firm/Company	
	498 Scrub Jay Drive		
		Address	
	Saint Augustine, FL 32092	!	
	lori@bridgerentalproperties	City/State and Zip Code	
		to be used for future annual report not	itication)
For further information c	oncerning this matter, please c		,
Lori Meader		904 485-6258 at ()	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	be 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)
Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Control Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF Services LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

Bridge Property Services LLC

were filed on	and assigned
ility company here:	
lity Company," the designation "LL	C" or the abbreviation "L,L,C,"
12276 SAN JC	se Blub.
Suite 303 Stoksonville, F	(32223
ffice address on our record e:	ds, enter the name of the new
Enter Florida street addre	255
, r , r	lorida Zip Code
	ility company here: lity Company," the designation "LL [2276 SAN JC SUITE 305 SPOKSMUILLE, F Enter Florida street address City

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>	Type of Action
AMBR	Heather Allen	12276 San Jose Blvd., Suite 303 Jacksonville, FL 32223	■ Add
			□ Remove
			Change
			☐ Remove
			Change
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	11/25/20	018		
ective date, if other than t	he date of filing:		(optional)	
n effective date is listed, the date r te: If the date inserted in this	nust be specific and cannot be p	rior to date of filing or n	iore than 90 days after filing.)	Pursuant to 605.0207 will not be listed as
nument's effective date on the			g requirements, and date v	viii not be fisted as
record specifies a delay	ed effective date, but	not an effective t	ime, at 12:01 a.m. o	on the earlier of
he 90th day after the r				
N 1 25	2610			
November 25	2018			
$, \cap_{\sim}$				
\vee \vee \wedge		_	of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00