4180000 92261

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·	
(Cit	ry/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	e)	
(Do	ocument Number)		
Certified Copies	_ Certificates	of Status	
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COVER LETTER

Div	ision of Corpo	orations	<i>:</i>	
SUBJECT:	Bridge Proper	ty Services LLC		
,,obs.c.r.	-	Name of Limit	ed Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return	all correspond	dence concerning this matter to	o the following:	
		Lori Meader		
			Name of Person	
		Bridge Property Services LI	.C	
			Firm/Company	
	498 Scrub Jay Drive			
			Address	
		Saint Augustine, FL 32092		
		lori@bridgepropertyservices	City/State and Zip Code	. /
		E-mail address: (to	be used for future annual report n	otification)
For further in	nformation con	cerning this matter, please cal	1:	
Lori Meader			904 485-6258 at ()	
	Name of F	erson	Area Code Dayt	ime Telephone Number
Enclosed is a	a check for the	following amount:		
■ \$25.00 F	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:

TO:

Registration Section

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

iny as it now appears on our records.) Liability Company)		
the Articles of Organization for this Limited Liability Company were filed on 4/12/2018 lorida document number L18000092261		
oility company here:		
lity Company," the designation "LLC" or t	he abhreviation "L.L.C."	
14333 Beach Blvd., Ste. 303		
Jacksonville, FL 32250	- -	
	<u></u>	
400 Comb law Drive		
	<u> </u>	
Saint Augustine, LE 32072	- 	
	<i>A</i> r (.a) . C♥	
ffice address on our records, <u>er</u> <u>e</u> :	iter the name of the n	
Enter Florida street address	·	
	9	
City , Fibria	Zip Code	
	dility company here: lity Company," the designation "LLC" or to 14333 Beach Blvd., Ste. 303 Jacksonville, FL 32250 498 Scrub Jay Drive Saint Augustine, FL 32092 ffice address on our records, energy. Enter Florida street address , Florida	

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 to 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 adde 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., Ste 303	
		Jacksonville, FL 32223	Add
			■ Remove
			Change
			□ Remove
			Change
			□ Remove
			Change
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			Change
			☐ Remove
			Change

,,,,,,	ending any other inf	o,	<u>B</u> -(<i>v)</i>	,	,	. /
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				_		
			4/2/2019			
(If an et <u>Note:</u>	tive date, if other the flective date is listed, the definition of the date inserted in ment's effective date or	ate must be specific and this block does not m	cannot be prior to deet the applicabl	date of filing or more the statutory filing req	(optional) an 90 days after filing uirements, this date) (a) Pursuant to 605,0207 (3)(b) (b) will not be listed as the
	cord specifies a de 90th day after th		ate, but not a	in effective time	, at 12:01 a.m.	on the earlier of:
Dated	April 4		2019			
	Loui	Quality of an	Dember or authorize	ed representative of a	momber	
		Signature of a n	nember of audioriz	ea representative of a	Methoer	
	Lori Meader					

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00