

L18000157690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

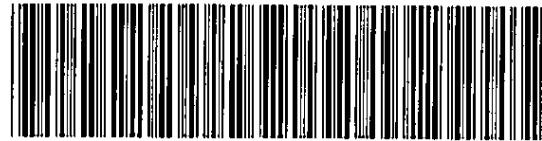
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 JUL 27 PM 4:41

FILED

C. GOLDEN

JUL 11 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRIDGE EIGHT PRESS, 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:

CALEB M. SARVIS
Name of Person

BRIDGE EIGHT PRESS
Firm/Company

7449 CARRIAGE SIDE CT
Address

JACKSONVILLE FL 32256
City/State and Zip Code

CALEB@BRIDGEEIGHT.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CALEB M. SARVIS at (904) 307-6523
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

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

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	JARED RYPLEMA	315 E. 6TH STREET	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32206	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KATHA JENNIFER BONDY	3678 Valencia Road	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32205	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CALEB M. SARVIS	7449 CARRIAGE SIDE CT	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32256	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

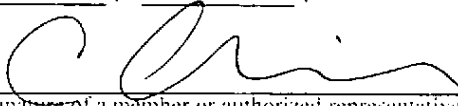
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated JUNE 19 2019



Signature of a member or authorized representative of a member

CALEB M. SARVIS

Typed or printed name of signee