

L180000181302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

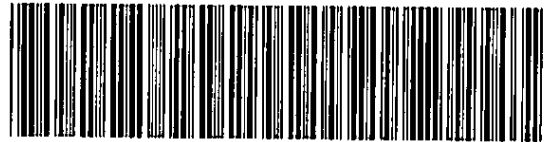
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10/19/21 11:24

10/19/21 11:24

Cover letter

Name: Shantavia Burke

Company: Bridging Families LLC

Return Address: 66 West Flagler Street Suite 900 Miami, FL 33130

Amendment needed to change owner title from Director to MGR. (manager)

Same authorized person just different title

11/19/19
A 11:20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bridging Families 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:

Shantawa Burke
Name of Person

Bridging Families LLC
Firm/Company

66 West Flagler Street # 900
Address

Miami, FL 33130
City/State and Zip Code

Bridgingfamiliesllc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shantawa Burke at (786) 572-9888
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

APR 19 AM 11:24

11:17

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Bridging Families 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 7/30/2018 and assigned Florida document number L18000181302

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Shantavia Burke-manager

New Registered Office Address:

66 West Flagler Street #900

Enter Florida street address

Miami

City

Florida

33130

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.

Shantavia Burke

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>	<u>Type of Action</u>
Director	Shantana Burke	66 West Flagler Street	<input type="checkbox"/> Add
↓		# 900 Miami, FL 33130	<input type="checkbox"/> Remove
✓			<input checked="" type="checkbox"/> Change
MGR	Shantana Burke	66 West Flagler Street	<input checked="" type="checkbox"/> Add MGR Title
		# 900 Miami, FL 33130	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

19
A 11:24

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

Change registered agent title from director to
Manager

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 6/28, 2021.

Shantavia Burke

Signature of a member or authorized representative of a member

Shantavia Burke

Typed or printed name of signer

Filing Fee: \$25.00