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Division of Corporations Causeway Bridge to Innovation LLC SUBJECT: 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: DARIUSZ PASEWICE Name of Person CAUSEWAY BRIDGE TO INNOVATION LLC Firm/Company 5210 HYLAND HILLS AVE #1114 Address SARASOTA, FL 34241 City/State and Zip Code dariusz.pasewicz@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Stanislaw Komorowski, Esq. Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, □ \$30.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

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



TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Causeway Bridge to Innovation LI		_	100
Name of the Limi	ted Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The Articles of Organization for this Limited L	iability Company were filed o	n September 10, 2018	and assigned
Florida document number L18000215193	· · · · · · · · · · · · · · · · · · ·		
This amendment is submitted to amend the following	owing:		16. Contract of the Contract o
A. If amending name, enter the new name of	f the limited liability compar	ıy here:	
The new name must be distinguishable and contain the v	words "Limited Liability Company,"	the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
	· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and	or registered office addres	s on our records, <u>ent</u>	ter the name of the nev
registered agent and/or the new registered o	ffice address here:		
Name of New Registered Agent:	Dariusz Pasewicz		
New Registered Office Address:	5210 Hyland Hills Ave #111	4	
	Ente	r Florida street address	
	Sarasota	, Florida	
	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 Changing Registered Agent, Signature of New Registered Agent



AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGE	STANISLAW KOMOROWSKI	4430 JEWELL STREET SAN DIEGO, CA 92109	D Add
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ffective date, if other than	the date of filing:	(optional)	
an effective date is listed, the date	e must be specific and cannot be prior t	o date of filing or more than 90 days after filing.) Pu	rsuant to 605.
ocument's effective date on the	he Department of State's records.	ble statutory filing requirements, this date will	i not be liste
		an effective time, at 12:01 a.m. on	the earlie
The 90th day after the	record is filed.		
January 23	2019		
ated	() Cunyle	-)	
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<u>.</u>	Signature of a member or author	rized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00