118000 227 155

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Dx	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer;	_
_		

Office Use Only



800324181238

02/04/19--01019--008 ++25.00



C. GOLDEN FEB - 9 2019

COVER LETTER

Division of Corporations	
SUBJECT: Bridge Builders Consulting UC 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:	
Victor Nichols II Name of Person	
Bridge Builders Consulting LCC	
11628 Palmetto Pine St	
RIVUVUW, FL 33569 City/State and Zip Code	
VICTOR NICHOLS 1 @ OLG-100K · COM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
VICTOY NICHOUS II at (813) 504-5446 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Box \$55.00 Filing Fee & Box \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2019 FEB -4 AM 10: 10

BYICIAC BUILDER (Name of the Limited Liability Co	S CONSULTING ompany as it now appears on our renited Liability Company)	cords.) WILLMHASSET, FL
The Articles of Organization for this Limited Liability Comp	_	
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 I	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 ADDRES:	<u>S)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	 	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ldress
	City	, Fiorida
	Сиу	лір Соае

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

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>	Address	Type of Action
AMBR	Victor Nichols II	11028 Palmetto Pine St	D Add
		RIVERVIEW, FL 33569	□ Remove
			Change
			Add
			Remove
			Change
			D Add
			□ Remove
			Change
			D Add
		 	□ Remove
			Change
<u>.</u>			O Add
			Remove
			
			C Remove
		ı	

. ameno 	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
<u> </u>	
	
_	
<u>vote:</u> If	date, if other than the date of filing:
e recor The 90	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of Oth day after the record is filed.
ated	Feb. 1 2019.
	Signature of a member or authorized representative of a member
	LCTTASha NIChols Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00