

L19000 128 647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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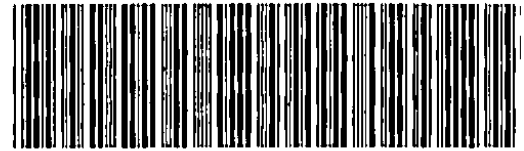
(Business Entity Name)

(Document Number)

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R. WHITE

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: LISA BRIDGEWATER 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:

LISA BRIDGEWATER

Name of Person

LISA BRIDGEWATER LLC

Firm/Company

12230 US HWY 19 NORTH SUIT A

Address

HUDSON FLORIDA 34667

City/State and Zip Code

BRIDGEWATERLISA4@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LISA BRIDGEWATER

727

569-6381

at ()

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

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

2019 SEP 20

LISA BRIDGEWATER PLLC

(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 05/13/2019 and as Florida document number L19000128647.

This amendment is submitted to amend the following:

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

LISA BRIDGEWATER LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L

Enter new principal offices address, if applicable:

12230 US HYW 19 NORTH SUIT A

(Principal office address MUST BE A STREET ADDRESS)

HUDSON FLORIDA 34667

Enter new mailing address, if applicable:

12230 US HYW19 NORTH

(Mailing address MAY BE A POST OFFICE BOX)

HUDSON FLORIDA 34667

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

Name of New Registered Agent:

New Registered Office Address:

12230 US HYW 19 NORTH SUIT A

Enter Florida street address

HUDSON

City

Florida 34667

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 con provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar w accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this do being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liab 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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

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 (

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 ea

(b) The 90th day after the record is filed.

Dated 9.17.2019

Signature of a member of authorized representatives

Signature of a member or authorized representative of a member

Typed or printed name of signee