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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Phone Fax Number : (561)694-1639

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

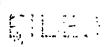
Email	Address:		
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BRIDGE MOTORS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
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Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



 $\mathbf{v}^{\varepsilon}$ 

	BRIDGE MOTORS, LLC 9513 HOV 30 12: 38 Liability Company as it now appears on our records?	
The Articles of Organization for this Limited Liabs Florida document number L19000192795	ility Company were filed on 07/29/2019 7. 1 20 20 20 20 20 and assigned	I
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word  Enter new principal offices address, if applicable  (Principal office address MUST BE A STREET.)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u> </u>	_ <del>_</del>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the address here:	ie new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, 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

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

Title	<u>Name</u>	Address	Type of Action
MGRM	ROBERTO R PUENTE FERNANDEZ	185 SE 14TH TERRACE UNIT 606	
		MIAMI, FL 33134	
			Remove
			≅ Change
			D Add
			□ Remove
			Change
			Remove
			□ Change
			D Add
			□ Remove
		<del></del>	Change
	<del></del>		
			C Remove
			Change
			□ Remove
			Change

. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effective Note: I	coptional)  crive date, if other than the date of filing:  crive 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 (  f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t  nt's effective date on the Department of State's records.
the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated_	November 19th 2019
- ···	
	Signature of a member or actionized representative of a member
	Hoberb Yven C. Typed or printed name of signee

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Filing Fee: \$25.00