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(Req	uestor's Name)	
(Add	ress)	
•	,	
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(City)	/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nam	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
<u>.</u>		

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Amend

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COVER LETTER

Registration Section

Division of Corporations

TO:

Bridge Co	ncepts, LLC		. V**
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ross Anglesey		
	·	Name of Person	
	Bridge Concepts, LLC		
		Firm/Company	····
	949 Honey Tree Ln Unit I	В	
		Address	
	Wellington, FL 33414		
		City/State and Zip Code	
	rossanglesey1@gmail.com		
		to be used for future annual report not	ification)
	oncerning this matter, please c		
Ross Anglesey		561 574-7603	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of Corporations		Division of Cor	rporations
P.O. Box 632		The Centre of "	
Tallahassee, l	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

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

	0	
	ORGANIZATION	
O)F	
Bridge Concepts, LLC		and assigned
•	inv as it now appears on our records)	٠ يو خ
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)	Ž,
he Articles of Organization for this Limited Liability Company	01/09/2020	and assigned
lorida document number		and assigned
Torida document number		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility compony boro	
t. If amending hame, enter the new name of the number had	inty company nere:	
N	15. 73. 9.d. 1.3. 4. w. 1.69	
he new name must be distinguishable and contain the words "Limited Liabi	itty 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)	949 Honey Tree Ln	
	Wellington, FL 33414	
	04044 ///	
Enter new mailing address, if applicable:	949 Honey Tree Ln	
Mailing address MAY BE A POST OFFICE BOX)	Wellington, FL 33414	
3. If amending the registered agent and/or registered office a	address on our records, enter the	name of the new registere
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
new registered Office Address.	Enter Florida street address	
	170 a.a.t.	1
	, Floric	1 a 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
		· · · · · · · · · · · · · · · · · · ·	□Add
		Remove	
			□Change
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ffect	ive date, if other than the date of filing: (optional)
ote:	ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocum	ent's effective date on the Department of State's records.
	describes a delegad offering day, however as offering time as 12.01 are see the scaling of the The COOL day of
recor l is fi	d 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 led.
	$A \longrightarrow A \longrightarrow$
ated	March 8th . 2020.
	$(1)_{a}$
	Signature of a member or antiforized representative of a member