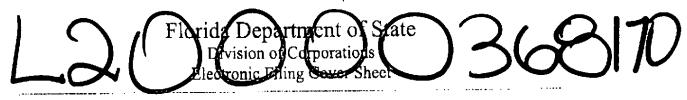
Division of Corporations



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Fax Number : (850)617-6383

From:

Account Name : COMITER & SINGER, LLP

Account Number : I200000000085 : (561)626-4742 Fax Number : (561)626-4742

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COVER LETTER

TO: Registration Sec Division of Corp				
	BRIDGE ENTERPRISES, LLC			
SUBJECT:	Name of Limi	ited Liability Company	*	
	Amendment and fee(s) are sub-			
Please return all correspo	ndence concerning this matter	to the following:		
	Richard B. Comiter, Esq.			
		Name of Person		
	Comiter, Singer, Baseman	& Braun, LLP		
		Firm/Company		√ Da
	3825 PGA Boulevard, Suit	ie 70 i		2021 JUN SEGRET
		Address		
	Palm Beach Gardens, FL 3	33410		30 30
		City/State and Zip Code		
	corporate@coinitersinger.c	om to be used for future annual report notifi	catina)	1 S131 1 9: 4
To find information o	oncerning this matter, please c		euron,	टुल क
Richard B. Comiter, Esq	·	at ()	Telephone Number	
Name o	f Person	Area Code Daytimo	Telephone Namber	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filling Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	f Status & py
Mailing Addres		Street Address: Registration Sec		
Division of C	Cornorations	Division of Com	oorations	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Ha1000254193 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited (A Florida Limited	pany as it now appears on our record Liability Company)	ds.)
The Articles of Organization for this Limited Liability Compared Florida document number <u>L20000368170</u> .	ny were filed on December 3, 202	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
he new name must be distinguishable and contain the words "Limited Lie	bility Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	_	
Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registered offic agent and/or the new registered office address here; 	e address on our records, <u>ente</u>	r the name of the new regist
Name of New Registered Agent:		
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street addre	rss
•		lorida

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 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
MGR	Paul Wittmann	25 Bay Harbor Road	□Add
	 -	Tequesta, FL 33469	■Remove
			Change
			□Remove
			Change
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locume	mi's effective date on the Department of State's records.			
· ·	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 9	0th day afte	r the	
d in fik				
	June 10 2021			
Dated_				
Dated _	Signature of a member or surface representative of a noomber			