L21000183948

(Requestor's Name)
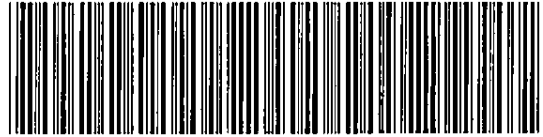
(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

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COVER LETTER

THE BRIDGES COMPANY REAL ESTATE AND PROPERTY MANAGEMENT SERVICES LLC.

SUBJECT: _____

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:

AYONNA JOHNSON
_____
Name of Person

SYLVIA A JOHNSON, LLC
_____
Firm/Company

401 S. ROSALIND AVE.
_____
Address

ORLANDO, FLORIDA 32801
_____
City/State and Zip Code

REALTORSYLVIAJOHNSON@GMAIL.COM
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AYONNA JOHNSON   770   990-9460
_____ 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 &   □ $55.00 Filing Fee &   □ $60.00 Filing Fee.
                          Certificate of Status   Certified Copy   Certificate of Status &
                                                     (additional copy is enclosed)   Certified Copy
                                                                                  (additional copy is enclosed)

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

THE BRIDGES COMPANY REAL ESTATE AND PROPERTY MANAGEMENT SERVICES, LLC
_____
(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 4/20/21 _____ and assigned

Florida document number L21000183948 _____ .

This amendment is submitted to amend the following:

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

SYLVIA A JOHNSON, LLC
_____
The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

401. S. ROSALIND AVE.
_____

ORLANDO, FLORIDA 32801
_____

_____

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

401 S. ROSALIND AVE. ORLANDO, FLORIDA 32801
_____

_____

_____

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

Name of New Registered Agent: AYONNA JOHNSON
_____

New Registered Office Address: 401 S. ROSALIND AVE.
_____
                                Enter Florida street address

ORLANDO _____ , **Florida** 32801 _____
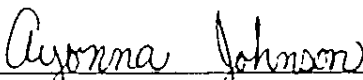   City   Zip Code

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.

Ayonna Johnson
_____
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	AYONNA JOHNSON		☐ Add
			☐ Remove
		401 S. ROSALIND AVE. ORLANDO, FL 32801	■ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ADDRESS AMMENDMENT: 401 S. ROSALIND AVE. ORLANDO, FLORIDA 32801

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 earlier of: (b) The 90th day after the record is filed.

Dated ___JANUARY 23_____ , ___2024_____ .

Ayonna Johnson MGR.
Signature of a member or authorized representative of a member

AYONNA Johnson, MGR
Typed or printed name of signee