LZ1000304419

(Re	questor's Name)	
	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nai	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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21 MAY 2L PM 3: 19

COVER LETTER

Division of Corp	orations		
SUBJECT: BEL	KIDGE NTU;	TIVE GROUP LLC	2
		nea transity company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	STEPHANIE	L. BELRIDGE Name of Person NTUITIVE GROUP Firm/Company	
	BERRIDGE 1	NTUITIVE OLOUP	LLC
	25767 TIL	LY HAWK LW Address	
	BROOKSVILLE STEPHANIE OF E-mail address: (1)	FL 34602 City/State and Zip Code Decr. Age in tuit, to be used for future annual report notif	VEGroup, com
For further information co	ncerning this matter, please ca		V
/	-	at (941) 807	2969
Name of	Person	Area Code Daytimo	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)
Mailina Address		Street Address:	

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BERRIDGE INTUITIVE	GROUP LLC 21 HAY 24 PM 3: 19
(Name of the Limited Liability Company (A Florida Limited Lia	
The Articles of Organization for this Limited Liability Company w Florida document number 4/10002044/9.	were filed on $5-3-2021$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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

MGR = M $AMBR = A$	lanager uthorized Member		The second second second	٠.
<u>Title</u>	Name	Address	21 MAY 24 PH 3: 1	⁹ Type of Action
AMBR	STEPHANIE L. BERRIDUE	25767 TILLY	HAWK LN	🖾 Add
	STEPHANIE L. BERIDUE	BROOKSVILLE,	FL 3460Z	□Remove
				□Change
				□Add
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing.	optional) ng or more than 90 days after filing.) Pursuant to 605.0
e: If the date inserted in this block does not meet the applicable statutor ument's effective date on the Department of State's records.	ry filing requirements, this date will not be listed
cord specifies a delayed effective date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after t
s filed.	
ed MAY 14 2021.	
.0 _/=1/1	
Signature of a member or authorized represe	manye of a member

Typed or printed name of signee