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	(Requestor's Name)	
	(Address)	
	(Address)	· · · · · · · · · · · · · · · · · · ·
	(City/State/Zip/Phone #)	
PICK-UI	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions to Filing Officer.		
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Office Use Only



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## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 11/22/2021	**WALK
ENTITY NAME LAR	A BRIDGEWATER, LLC
DOCUMENT NUMBE	.R
	**PLEASE FILE THE ATTACHED AND RETURN**
	Plain Copy
	Certified Copy
XXXXXXXXX	Certificate of Status
	**PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**
	Certified Copy of Arts & Amendments
	Certified Copy of Arts & Amendments Complete File (Including Annual Reports)
<del>.</del>	Certificate of Status
<del></del>	Certificate of Status Reflecting:
	**APOSTILLE' / NOTARIAL CERTIFICATION**
COUNTRY OF DESTIN	ATTION
NUMBER OF CERTIFIC	CATES REQUESTED
TOTAL OWED \$ 30.0	00 ACCOUNT # 120160000072 4: )
Please call Tina at	the above number for any issues or concerns. Thank you so much!

## **COVER LETTER**

TO:

TO: Registration S Division of Co	ection rporations		
	IDGEWATER, LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all corresp	ondence concerning this matter t	o the following:	
	DANTEL P. SOKOLOFF, C	CPA	
		Name of Person	
	TAX ADVISORS OF SOU	TH FLORIDA	
		Firm/Company	
	715 E. HILLSBORO BLVI		
	<del></del>	Address	
	DEERFIELD BEACH, FL		<del></del>
	TOWN OFFICE AVEOU	City/State and Zip Code	
	DSOKOLOFF@TAXSOFL E-mail address: (	to be used for future annual report notifi	cation
For further information	concerning this matter, please co	all:	
DANIEL SOKOLOFF		954 360 - 8477	
Name	of Person	Area Code Dayume	Telephane Number
Enclosed is a check for	the following amount:		
S25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
P.O. Box 6	n Section f Corporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Fallahassee e Street, Suite 810

11/22/21 8:44 /

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LARA BRIDGEWATER, 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 \_\_09/21/2021 and assigned Florida document number L21000417154 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LARA BECKER, 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address , Florida City 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
AMBR	BECKER, LARA	8990 SW 8TH STREET	
<del></del>		PLANTATION, FL 33324	□Remove
			Change
			CAdd
			□Remove
			□Change
			□Add
			Remove
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	33.	
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en effective ote: If the	late, if other than the date of filling:  e date is listed, the date must be specific and cannot be prior to be date inserted in this block does not meet the applicable effective date on the Department of State's records.	(optional) o date of filing or more than 90 days after filing.) Pursuant to 605,020 ble statutory filing requirements, this date will not be listed as
ecord spe is filed.	wifies a delayed effective date, but not an effective tim	ne, at 12:01 a.m. on the earlier of: (b) The 90th day after the
nted	11/21 2021	_•
	V 1/10N /	
	Signiture of member or author	rized representative of a member
•	Signature of a member or author	rized representative of a member

Filing Fee: \$25.00