## T39000386745

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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE

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## **COVER LETTER**

TO: Registration So Division of Cor				
Bridge Care				
SUBJECT:Name of Limited 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:		
	Rachel Passarella			
		Name of Person		
	Bridge Care LLC			
		Firm/Company		
	11778 Tempest Harbor Lo	ор		
	,	Address		
	Venice, FL 34292			
	<del> </del>	City/State and Zip Code	<del> </del>	
	rlpassarella@gmail.com			
	E-mail address: (	to be used for future annual report no	tification)	
For further information c	oncerning this matter, please c	all:		
Rachel Passarella		941 599-1527 at ()		
Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for the	he 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 Address:		Street Address:	action	
Registration Section Division of Corporations		•	Registration Section Division of Corporations	
P.O. Box 6327		The Centre of	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bridge Care LLC		
(Name of the Limited Liability Compa (A Florida Limited)	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L22000286745	were filed on 6/24/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Flourish IV Hydration and Wellness LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1435 E Venice Ave. Unit 104	~3
Principal office address MUST BE A STREET ADDRESS)	Box #211	22 B22
	Venice, FL 34292	
Enter new mailing address, if applicable:	1435 E Venice Ave. Unit 104 Box #211	28 PR
(Mailing address MAY BE A POST OFFICE BOX)	Venice, FL 34292	STAT
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	address on our records, enter the	e name of the new register
	Eloni.	do
	, Flori 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.

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>	<u>Address</u>	Type of Action
MGR	Rachel Passarella	1435 E. Venice Ave. Unit 104	□Add
		Box #211	□Remove
		Venice, FL 34292	■ Change
			□ Add
			□Remove
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Note: If the date in	other than the date of filing:
the record specifies a cord is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated November 2	21 2022
	Signature of a member or authorized representative of a member
Rachel	Passarella
	Typed or printed name of signee

Filing Fee: \$25.00