1/3/24, 10:05 AM



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(((H24000001197 3)))



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Division of Corporations

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Email Address: \_\_\_\_\_Jessica@strategiclg.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BEAR BRIDGE CAPITAL LLC

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Fax Audit # H24000001197 3

To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bear Bridge Capital LLC				
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on or ed Liability Company)	n records.)		
The Articles of Organization for this Limited Liability Comparing the Land Republic Comparing the Land Republic Comparing Comp	nny were filed on _3/13/20	023	and assigned	i
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited I	lability company here:			
The new name must be distinguishable and contain the words "Limited L	iability Company," the designat	ion "LLC" or the al	observation "L.L.C."	<del></del>
Enter new principal offices address, if applicable:			·	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	<del></del>		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)				<u> </u>
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our record	s, <u>enter the nan</u>	ne of the new regi	istere
Name of New Registered Agent:				
New Registered Office Address:			Ġ	
	Enter Florida รถา	et address	7	ζ
<u> </u>		Florida		
	Cin		Zip Code_	
New Registered Agent's Signature, if changing Registered Age	<u> </u>			

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

## Fax Audit # H24000001197 3

To:

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>	Name	<u>Address</u>	Type of Action
MGR	Bonny Reed	145 Dorset D	<b>X</b> ∤Add
		Boca Raton, Florida 33434	□Remove
			Change
			⊜Кениуе
			: Change
			🗆 Add
			CIRemove
			:IChange
			☐Add
			□Remove
			🗀 Change
		- 10 market states - 100 market	□Add
		CRemove	©Remove
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			□ Remove
			□Change

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	The second secon
	And the state of t
un s iote	ctive date, if other than the date of filing:  (optional)  (ffective date is listed the date until be specific and cannot be paste to date of filing or used than 90 days after filing.) Pursuant to 605.02  (If the date inserted in this block does not meet the applicable stantory filing requirements, this date will not be listed amount's effective date on the Department of State's records.
rec Lis	ord specifies a delayed effective date, but not an effective time, at 12 01 a.m. on the emilier of: (b). The 20th day after the
ale	January 2, 2024.
	beauto feed
	Signature of a member or authorized representative of a theraber