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## **COVER LETTER**

TO:

TO: Registration Se				
TreeBridge	, LLC			
SUBJECT:	Name of Lim	ited Liability Company	- <del></del>	
	Amendment and fee(s) are sub indence concerning this matter			
	Parker A. Cook			
	<del></del>	Name of Person		
	TreeBridge, LLC			
		Firm/Company		
	290 North Office Avenue A	apt 720		
		Address		
	West Palm Beach, F1, 334	01		
	cookparkera@gmail.com	City/State and Zip Code	<del></del>	
	E-mail address: (	to be used for future annual report notifi	cation)	
For further information of	oncerning this matter, please c	all:		
Parker A. Cook		651 788-0318 at ( )		
Name o	f Person		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: Registration Sec	tion	
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 632		The Centre of Ta		
Tallahassee, l	FL 32314	2415 IN. MONTOE	Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TreeBridge, LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number 99-3519288	pany were filed on 06/11/2024	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
MiddleBridge, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
		E.
Enter new mailing address, if applicable:	(4)	32.6
••	(2) C	-
(Mailing address MAY BE A POST OFFICE BOX)		
	45	<u> </u>
<u>.</u>	T. T.	<del>,</del>
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, enter the name	or the new registers
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<del>-</del>	, Florida	Zip Code
	City	raji 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 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>	<u>Address</u>	Type of Action
MGR	Parker A. Cook	290 N. Olive, APT. 720	NAdd
		290 N. Olive, APT. 720 Wost Palm Beach, -FL @ 33401	□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
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Effective date, if other than the	ne date of filing	ı <u>.</u>		(epti	onal)
If an effective date is listed, the date n Note: If the date inserted in this document's effective date on the	ust be specific and block does not m	cannot be prior to neet the applical	o date of filing or ble statutory fili	more than 90 days afte	r filing.) Pursuant to 605,0201
re record specifies a delayed effect ord is filed.	tive date, but not	an effective tin	ne, at 12:01 a.m	on the earlier of: (I	o) The 90th day after the
Dated June 15th		2024			
<i>✓</i>	7 /	1 -			
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Typed or printed name of signee