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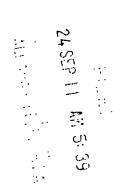
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

SUBJECT:	Bridgette Green, L.L.C.					
JOBSECT.	Name of Limited Liability Company					
The enclose	d Articles of a	Amendment and fee(s) are subt	mitted for filing.			
		ndence concerning this matter				
		Bridgette Green				
			Name of Person			
		Bridgette Green, L.L.C.				
			Firm/Company			
		18117 Biscayne Blvd, Suite	e #4219			
			Address			
		Miami, FL 33160				
			City/State and Zip Code			
		bridgette@bgtransitionhome				
		E-mail address: (to be used for future annual report notifi	ication)		
For further i	information c	oncerning this matter, please ea	ıll:			
Bridgette G	reen		866 764-3023 at ()			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is	a check for th	ne 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:

TO:

Registration Section

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

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company lorida document number <u>L24000367771</u> .	were filed on 8/21/2024	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
ridgette Green Investments, L.L.C.		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
nter new principal offices address, if applicable:	18117 Biscayne Blvd, Suite #4219	2
Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33160	<u> </u>
		<u> </u>
inter new mailing address, if applicable:	2020 NW 187 Street	
Mailing address MAY BE A POST OFFICE BOX)	Miami Gardens, FL 33056	
ranning address mili DB 11 1 001 01 1 1 002		; •
8. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the 1	name of the new reg
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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

Title	Name	<u>Address</u>	Type of Action
			🗖 Add
			Remove
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
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an effective d Note: If the	te, if other than the late is listed, the date mediate inserted in this effective date on the	ust be specific an block does not	id cannot be pri meet the app	licable statutor	ng or more than 9 y filing require	(optional D days after filing ments, this date	g.) Pursuant to 605,	.0207 (ed as t
record speci	ifies a delayed effect	ive date, but no	ot an effective	e time, at 12:01	a.m. on the ea	lier of: (b) T	he 90th day after	the
ated	8-28 Bridge	Signature of a	2020 member or au	thorized represe	ntative of a mem	ber		

EU E 635.00