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S. YOUNG

# COVER LETTER

TO: Registration Sec Division of Corp		<b>%</b>	· · · · · · · · · · · · · · · · · · ·
SUBJECT: Brid	Seponte For Name of Lim	unding Alliand ited Liability Company	·
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Phillip L	Weather Spor	<u>~</u>
	Bridgepoir	Firm/Company	tlliance LLC
	301 Tamo	to Rd Ste 4	20_
	Boca Rate	FI 3343 City/State and Zip Code	31
	Phile brid	to by used for future annual report noti	
	encerning this matter, please ca		12. TE
thill, p w Name of	Person	at ( <u>561</u> ) <u>362</u> Area Code Daytim	2910 Call of the Telephone Number
Enclosed is a check for the	e 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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bridgpoint Finding (Name of the Limited Liability Comp) (A Florida Limited)	Alliance LLC any as it now appears on our records.)
The Articles of Organization for this Limited Liability Company	y were filed on 1022 2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L C."
Enter new principal offices address, if applicable:	4440 PGA BIVA
(Principal office address MUST BE A STREET ADDRESS)	STE 600
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Palm Beach Gardens, Fl 33410  4440 PGA Blvd  STE 1000
B. If amending the registered agent and/or registered or registered of the registered of the new registered of the address here.	
registered agent and/or the new registered office address her	
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 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	<del></del>	<del></del>

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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	Signature	of a member or autho	orized representative of	i a member		

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Filing Fee: \$25.00