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(Re	questor's Name)	
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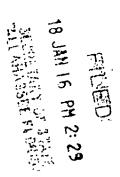
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COVER LETTER

TO: Amendment Section Division of Corporations

B.R.I.D.G.E. Connections Community, Inc
N11000010798
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Myriam Saldana
(Name of Contact Person)
B.R.I.D.G.E. Connections Community. Inc.
(Firm/ Company)
1600 N. Chickasaw Trail
(Address)
Orlando, FL 32825
(City/ State and Zip Code)
esaldana@ccrestauracion.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
at
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) ☐ \$52.50 Filing Fee Certificate of Status (Additional copy is Enclosed)

Mailing Address
Amendment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

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

Articles of Amendment to Articles of Incorporation of

B.R.I.D.G.E. Connection Community, Inc.

(Name of Corporation as curre	ently filed with the Florida Dept. of State)
N11000010798	
(Document Nun	nber of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statuamendment(s) to its Articles of Incorporation:	ates, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ation:
B.R.I.D.G.E. Community Connections, Inc	The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES.)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	PH 2: 29
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	ffice address in Florida, enter the name of the e address;
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	(City) (Zip Code)
-	(City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	ed Agent: familiar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR - Trustee, C = Chairman or Clerk; CEO = Chief Executive Officer; CFO - Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>V Mike</u>	Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S/T	Brigitte Miranda	1706 N. Chickasaw Trail
Add Add			Orlando, Fl. 32825
Remove			
2) X Change	VP	Leticia Roman	1706 N. Chickasaw Trail
Add			Orlando, FL 32825
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

 If amending or adding additional Arti- (attach additional sheets, if necessary). 	(Be specific)
N/A	
<u> </u>	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	e listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Signature (By the chairman of vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Myriam Saldana Myriam Saldana Myriam Saldana President President Myriam Saldana Myriam Saldana President Myriam Saldana	_
(Title of person signing)	