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(Re	questor's Name)	
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J. SAULSBERRY EXAMINER JUN 7 2013

COVER LETTER

TO: Registration Section
Division of Corporations

Bulltick Financial Services, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria Santana

Name of Person

Bulltick Financial Services, LLC

Firm/Company

701 Brickell Avenue, Suite 2550

Address

Miami, Florida 33131

City/State and Zip Code

msantana@bulltick.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Santana

Name of Person

₃₇305 **722-5018**

Area Code & Daytime Telephone Number

Enclosed is a check for the 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

Bulltick Financial Services,	LLC		
(Name of the Limited I	Liability Company as it now appears on our r Florida Limited Liability Company)	records.)	
The Articles of Organization for this Limited Lia	bility Company were filed on May 9, 200)6 and a	ssigned
Florida document number L06000047773	·		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the de	esignation "LLC" or the	abbreviation
Enter new principal offices address, if applica	ble:		<u>~</u>
(Principal office address MUST BE A STREET	ADDRESS)		20 3
		Tables	
		—————————————————————————————————————	P 1
Enter new mailing address, if applicable:		P7"1	R II'
(Mailing address MAY BE A POST OFFICE B	<u></u>	근 	<u> </u>
	- -	ORIG RIG	~
B. If amending the registered agent and/or the new registered offi	r registered office address on our recor ice address here:	ds, <u>enter the name</u>	of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	a street address	
		Florida	
	City	Zip Cod	de
Alam Danistana d A			

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Alejandro Creixell	701 Brickell Avenue, Suite 255	50
		Miami, Florida 33131	Remove
			Remove
			_
			Add
		<u> </u>	Remove
			1-6 1-6
		9RID	Add Add Remove
			
<u></u>			
			Remove
			_
			Add
			Remove

O. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
_	
-	
- Dated	June 4 2013
	Signature of a member or authorized representative of a member Maria Santana
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 JUN -6 AM 8: 12