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(Requestor's Name)			
(Address)			
(Address)			
(Ci	ry/State/Zip/Phone	- 40	
(Cn	ty/State/Zip/Prione	₹#)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nan	ne)	
(D-	ocument Number)		
(DC	cument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
FEB - 6 2016			
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COVER LETTER

Division of Co				
SUBJECT: Dos	Bulls LLC			
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Davis McGe	ee		
Name of Person				
		Firm/Company		
	201 E. Pine	Street, Suite 700		.,
		Address		ž
	Orlando, FL	32801	ALLAHASSE	TILE
		City/State and Zip Code	SSE S	,
	davis@davismcg			m
		to be used for future annual report notif	(OF STATE FLORID).	
For further information	concerning this matter, please c	all:		
Davis McG	ee	407, 446-0		
Name	of Person	Area Code Daytime	e 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)	
MAII	JNG ADDRESS:	STREET/COURI	ER ADDRESS:	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dos Bulls LLC		
(Name of the Limited Liability ((A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com	npany were filed on January 21, 2014	and assigned
Florida document number L14000010404		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
Dos Bull LLC		
The new name must be distinguishable and end with the words "Limite	ed Liability Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	SS)	
		2
Enter new mailing address, if applicable:		発息 第 一丁
(Mailing address MAY BE A POST OFFICE BOX)		SR A
		mg z m
B. If amending the registered agent and/or register		er in the contract of the cont
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	red office address on our records, enter	the name of the ne
registered agent and/or the new registered office address	ss nere.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member **Title Address Type of Action** <u>Name</u> _□ Add _ Add _□ Remove Remove ☐ Add ☐ Remove □ Add ____ Remove □ Add

_□ Remove

If amending any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)
· · · · · · · · · · · · · · · · · · ·	
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department of the date this document is filed by the Florida Department of the date this document is filed by the Florida Department of the date of	of receipt or filed date and cannot be more than 90 days after of State)
Dated January 29	2014
Dans 11 or	
/ (Signature of a mo	ember or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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