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2022 OCT 21 PH 2: 52 SECRETARY OF STATE

COVER LETTER

TO:	Registration Se Division of Cor						
eud tez	Bullish Rea	l Estate Group,	LLC				
SUBJEC	JI:		Name of Lin	nited Liability Company			
The encl	osed Articles of	Amendment an	d fee(s) are sub	omitted for filing.			
Please re	rturn all correspo	ndence concert	ing this matter	to the following:			
		Eric Johnso	en ,				
				Name of Person			
				Firm/Company			
		837 Arbom	10or Pl				
				Address	·		2022 SEC
		Lake Mary,	F1. 32746				2022 OCT 21 PM SECRETARY OF TALLAHASSE
				City/State and Zip Code			21 PM
		eric@bullish	-	(- L f - E			PH OF SSE
For furth	er information c	ļ		(to be used for future annual recall:	eport nothication)		2: 52 STATE E. FL
eric johnson				407 4166 at ()	4408		
	Name o	f Person		Area Code	Daytime Telepho	one Number	
Enclosed	l is a check for th	ne following an	iount:				
■ \$25.	00 Filing Fec	S30,00 Fi	iling Fee & ate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is ench		Certified C	of Status &
Mailing Address: Registration Section Division of Corporation				-	dress: tion Section of Corporatio	ns	
	P.O. Box 632 Tallahassee, I	7		The Cen	tre of Tallahas Monroe Street	see	0

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bu	ime of the Limited Liability Compa (A Florida Limited	EState	CTOUP	LLC
The Articles of Organization for Florida document number <u>L</u> ZZ	this Limited Liability Company	were filed on	18/53/202	_2 and assigned
This amendment is submitted to	amend the following:			
A. If amending name, enter th	e new name of the limited liab	oility company her	<u>e</u> :	
The new name must be distinguishable	and contain the words "Limited Liab	ility Company," the des	ignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices add	lress, if applicable:			
(Principal office address MUST	BE A STREET ADDRESS)			20
Enter new mailing address, if a (Mailing address MAY BE A PO) B. If amending the registered	OST OFFICE BOX) agent and/or registered office	address on our re	cords, enter the n	OCT 21 PH 2: 520 registered
agent and/or the new registere	d office address here:			
Name of New Register	ed Agent:			
New Registered Office	Address:	Enter Flori	da street address	
			_ Florida	
		City		Zip Code
New Registered Agent's Signatu	re, if changing Registered Agen	<u>t:</u>		, ,,,,,,
I hereby accept the appointme provisions of all statutes relat accept the obligations of my p being filed to merely reflect a company has been notified in	ive to the proper and complet osition as registered agent a change in the registered offic	te perjormance oj . « vrovided for in C	ng aures, and ro Tianter 605, F.S.	Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

MGR = 3 AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Lauren Johnson	837 Arbormoor Pl. Lake Mary, FL 32764	≣ Add
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<u>ite:</u>	If the date inserted	l in this block doe	s not meet the	applicable statutory	g or more than 90 days r filing requirement		
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