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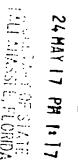
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## **COVER LETTER**

TO:

TO: Registration Sec Division of Corp				
SUBJECT: BUL	LTC - 11-C			
SUBJECT:	Name of Limi	ted Liability Company	<del></del>	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspoi	ndence concerning this matter t	to the following:		
	-TD			
	Jason Hose	Name of Person	<del></del>	
	R. 11:00 17	C		
	7011, 1	Firm/Company	<del></del>	
	221 Tarcon	1164 APT 705		
	<u> </u>	Way APT ZUS		
	Molbourne Fl	Orida 32940 City/State and Zip Code		
	Bullifille & E-mail address: (1	2 g Mail - COM to be used for future annual report noti	ification)	
For further information co	oncerning this matter, please ca	ıll:		
Torrest Day		130 × 25/	C) VA	
Jusov Rosar	f Person	at (786 ) 256 Area Code Daytin	ne Telephone Number	
Enclosed is a check for th	ne following amount:			
国 \$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)	J
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co The Centre of	rporations	
Tallahassee,	,		oe Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bullifi LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Company)	v appears on our records.) npany)
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>L 24000171036</u> .	I on 4 17 2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	24
Enter new mailing address, if applicable:	11 P
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	17 ROFE
B. If amending the registered agent and/or registered office address or agent and/or the new registered office address here:	n our records, enter the name of the new registo
Name of New Registered Agent:	
New Registered Office Address:	nter 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Juson Rosario	321 Tuscary way APT 205	<del>Œ</del> Add
		Melsairne FL 32940	□Remove
			Change
			□ Add
		<del>-</del>	□Remove
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an effective dat <b>(ote:</b> If the da	te is listed, the da	ite must be speci this block does	ific and cannot s not meet t	ot be prior to o he applicabl		more than 90 da	ys after filing.)	Pursuant to 605. will not be liste	
	ies a delayed et		out not an ef	fective time	, at 12:01 a.m	. on the earlie	r of: (b) The	e 90th day after	the
d is filed.	A 1	$\sigma$	1	1711					
l is filed.	May	8,,	<u> </u>	NIG					
d is filed.	May	(Je	D. U	NIG W		ve of a member			

Typed or printed name of signee