## 3000043737

(Converted Nove)	
(Requestor's Name)	
(044:000)	
(Address)	
(1)	
(Address)	
(0) 10) 17 (7)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
·	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
iii <u>aasa</u> 1	

Office Use Only



800162130378

11/02/09--01020--005 \*\*25.00

the contract of the second con-

D. BRUCE NOV 3 2009 EXAMINER

## **COVER LETTER**

TO:

**Registration Section** 

Division of	Corporations					
SUBJECT:	Bulls & Bears	Financial Group, LLC.				
		nited Liability Company				
The enclosed Article	s of Amendment and fee(s) are so	ubmitted for filing.				
Please return all corre	espondence concerning this matte	er to the following:				
		Joel Palatnik				
	Name of Person					
	Bulls 8	Bears Financial Group LLC				
		Firm/Company				
	21047 NE 34 PL			₽°	0	
		Address	<u> </u>	ECR	9 N(	
		Aventura, FL 33180			09 NOV -2	- 13
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		RY 6		E
	jpalatni	ik@bullsandbearsgroup.com (to be used for future annual report notifice	otion)	E F	I ISH HA	
For further information	on concerning this matter, please	-	ation <i>)</i>	CRETARY OF STATE LAHASSEE, FLORIDA	22	
	Joel Palatnik		88-3002			
Nar	ne of Person	Area Code & Daytime	Felephone Number			
Enclosed is a check for	or the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Fili Certificat Certified (additional	te of Stat Copy		sed)
Reg Div P.O	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327	STREET/COURIED Registration Section Division of Corporat Clifton Building	ions			
Tallahassee, FL 32314		2661 Executive Cent	er Circle			

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bulls & Bears Fina (Name of the Limited Liability Compa (A Florida Limited I	nncial Group, LLC.  Iny as it now appears on our records  Liability Company)	<u>.) ·                                     </u>
The Articles of Organization for this Limited Liability Company Florida document number <u>L03000043237</u>	were filed on <u>    1-07-03</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the designati	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:	21047 NE 34 PLACE	IAI S
(Principal office address MUST BE A STREET ADDRESS)	AVENTURA, FL 33180	OO N
•		N SA THE
. Enter new mailing address, if applicable:	21047 NE 34 PLACE	2 PH
(Mailing address MAY BE A POST OFFICE BOX)	AVENTURA, FL 33180	
		DE A
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, <u>en</u> <u>e</u> :	ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter 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 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 antending 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 = 1	Managing Member	·	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
<u></u>			Add Remove
D. If amen	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessar)	FILED  09 NOV -2 PH 12: 11  SECRETARY OF STATE TALL AHASSEE, FLORID
Dated	October 29 , 20	09	<u></u>
	Signature of a member	or authorized refresentative of a member	<del></del>
		Joel Palatnik	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00