

JUN/14/2013/FRI 04:12 PM

FAX No

P. 00

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H130001351113))



H130001351113ABCQ

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : MURAI, WALD, BIONDO, MORENO, P.A.
Account Number : 076150002103
Phone : (305) 444-0101
Fax Number : (305) 444-0174

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: DGALDO@mw8m.com

RECEIVED

13 JUN 14 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
2002 PONCE, LLC

Certificate of Status	0
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Corporate Filing Menu

Help

K. SALY
EXAMINER

JUN 17 2013

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FAX No.

P. 002
Fax Audit No. H1300013511 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2002 PONCE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
13 JUN 14 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on April 29, 2012 and assigned
Florida document number L08000022101.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BULLA, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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 Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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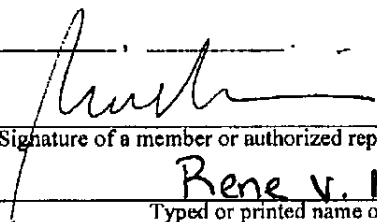
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated


Signature of a member or authorized representative of a member

Rene V. Murai
Typed or printed name of signee

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