

LI 000000 74403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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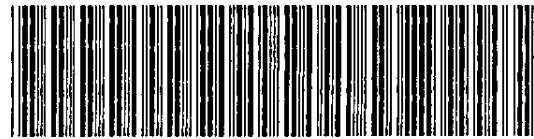
(Business Entity Name)

(Document Number)

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FILED
2011 MAY -9 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

MAY 10 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BULL & BEAR TRUST LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KATHRYN O'BRIEN

Name of Person

PRECISION AUTO LEASING INC

Firm/Company

777 SE 20TH ST SUITE 100

Address

FORT LAUDERDALE, FL. 33316

City/State and Zip Code

KATE@PRECISIONAUTOLEASING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATHRYN O'BRIEN

Name of Person

at (**954**)

300-7148

Area Code & Daytime 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)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BULL & BEAR TRUST LLC

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

The Articles of Organization for this Limited Liability Company were filed on 07/14/2010 and assigned
Florida document number L10000074403.

This amendment is submitted to amend the following:

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

BULL & BEAR HOLDINGS, LLC.

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

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)

777 SE 20TH ST. SUITE 100
FORT LAUDERDALE, FL. 33316

FILED
2011 MAY -9 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FL 32310

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:

777 SE 20T ST. SUITE 100

Enter Florida street address

FORT LAUDERDALE

Florida

33316

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 Changing Registered Agent, Signature of New Registered Agent

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

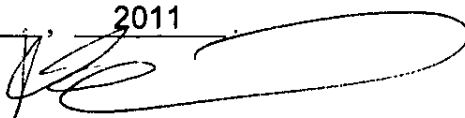
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ANTHONY NUZZO	201 W STATE ROAD 84 FORT LAUDERDALE, FL 33315	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

PREVIOUS NAME CHANGE ON 03/18/11 WAS DONE IN ERROR AND IS NOW
BEING CHANGED BACK TO ORIGINAL.

Dated APRIL 27TH 2011



Signature of a member or authorized representative of a member

KATHRYN O'BRIEN

Typed or printed name of signee

FILED
MAY - 2011
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAY 10 2011