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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Rame of Limited Dability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
James H Rendall Name of Person
Firm/Company
189 Kenneth Circle
Oran Southille TI 30307
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Englosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

Bulltroa	(octinas 110
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability of Florida document number 13000 3000	Company were filed on FF 6 26,003 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim Bulfoo The new name must be distinguishable and contain the words "Lin	mited liability company here: Market 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 ADD	RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regi registered agent and/or the new registered office add	istered office address on our records, enter the name of the new dress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
•	, Florida
New Registered Agent's Signature, if changing Register	City Zip Code

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

MGR = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
Minager	Mcrionne Kendoll	189 Kenneth Circle Chart	Add Add
•			Remove
			Change
TWBK	Destin j Kendall	189 Kenneth Circle Court	xdvilla Add
			☐ Remove
			☐ Change
AMBR	Methew Burgess 1	89 Kenneth Circle Chartochville	F/ XAdd
	•		Remove
•			Change
			Add ¬
		·	Remove_
			☐ Change
		·	□ Add
		·	☐ Remove
			Change
	·		□ Add
			Remove
			Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

							
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cord specifie e 90th day af	s a delayed eff ter the record	ective date, is filed.	but not an	effective tir	ne, at 12:0)1 a.m. on	the earlier
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Filing Fee: \$25.00