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COVER LETTER

Division of Corporations
SUBJECT: The Bulls club 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:
Edward Sharpe Name of Person
The Bulls Club Firm/Company
1003 pinewalk DR Brandon F1 33510 Address Or 1251 E Fowler Ave Tampa F1 33612 City/State and Zip Code Bulls club 18 o hotma: 1, com
Or 1251 E Fowler Ave Tampa F1 33612 City/State and Zip Code
Bulls club 18 o hotma.'l. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Edward Sharpe at (813) 679-2835 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S55.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The B	Bulls club LLC	
(<u>xame of the Limited</u> (A	Liability Company as it now appears on our records. Florida Limited Liability Company))
The Articles of Organization for this Limited Liab Florida document number \(\(\frac{L}{140000}\) 9747	vility Company were filed on <u>6/18/2014</u> 79	and assigned
This amendment is submitted to amend the follow		~ ~
A. If amending name, enter the new name of the	ne limited liability company here:	5
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" of	
Enter new principal offices address, if applicab	le:	79 o
(Principal office address MUST BE A STREET.	ADDRESS)	0
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	
	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> **Name** <u>Address</u> Type of Action □ Add Edward sharpe will noe F1 33(e/2_ ■ Remove 1251 E fowler Ave Tampa soul ☐ Change □ Remove □ Add ☐ Remove ☐ Change _ Add □ Remove ☐ Change _□ ∧dd ☐ Remove ☐ Change 215 . □ Add Remov Ū

☐ Change

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