Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PAGIO'S & ASSOCIATES, LLC

Account Number : I20100000043

: (305)397-8553

Fax Number

(305)397-8521

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WHITE BULL SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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COVER LETTER

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TO:	Registration Se Division of Cor			
orin IDA		TLL SOLUTIONS, LLC		
SUBJEC	J1:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn ail correspo	ndence concerning this matter	to the following:	
		YISSELA CENTURION		
		,	Name of Person	<u> </u>
		WHITE BULL SOLUTIO	NS, LLC	
			Firm/Company	
		16919 N BAY ROAD STI	E 402	
		SUNNY ISLES, FL 33160		
				
		yissela 1173@gmail.com	to be used for future annual s	enort notification)
For furth	ner information c	oncerning this matter, please o		
YISSEI	LA CENTURION		786 314	
	Name o	f Porson	at () Area Code	Daytime Telephone Number
Enclose	d is a check for th	ne following amount:		
■ \$ 25	.00 Piling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certificate of Status &
	Mailing Address		Street Ad	idress: tion Section
	Registration S Division of C			of Corporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

H20000207821 3

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

and assigned
and assigned
·
bbreviation "L.L.C."
<u>. </u>

ne of the new registe
ne of the new registe
277 S
Zip Code
gree to comply with i

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address a control added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ANDRES CENTURION	16919 N BAY ROAD STE 402	\exists Add
		SUNNY ISLBS, FL 33160	
	•		Change
			bbA⊡
			□ Rетоve
	•		Change
			□Add
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			Change

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Note: 1	re date, if other than the date of filing:
record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	1 5 5 6 to 2020
	1 ' 2 T \ \

Filing Fee: \$25.00