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# **COVER LETTER**

Divisi	on of Corpo	orations				
T SUBJECT: _	HE COPPE	ER BULL LLC				
		Name of Limi	ited Liability Company			
The enclosed A	articles of Ar	mendment and fee(s) are sub	mitted for filing.			
Please return al	II correspond	dence concerning this matter	to the following:			
		LAFAYETTE TURNER				
			Name of Person			
		THE COPPER BULL LL				
		Firm/Company				
		7279 NAVARRE PARKWAY				
			Address			
		NAVARRE, FL 32566				
			City/State and Zip Code	·	A 2015	
		thecopperbull2015@gma			5 HA	-
			o be used for future annual report notification	ж)	<u> </u>	(3 <del>5000)</del>
For further infe	rmation con	cerning this matter, please ea	dl:		SSE YRY FRY	
LAFAYETTE	TURNER	1	850 699-0039 at ( )		AM II: 48	
	Name of P	erson	Area Code Daytime Tel-	ephone Number	E A	Lagarit
					>	
Enclosed is a c	heck for the	following amount:				
■ \$25.00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing I Certificate of Certified Cop (additional copy	Status &	

, V

**Registration Section** 

TO:

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 COPPER BULL LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L14000180368	were filed on NOVEMBER 20, 201	4 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the at	obrev到jog "L. <b>L.S</b> "."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		28 4 F
Enter new mailing address, if applicable:	7279 NAVARRE PARKWAY	PF STA
(Mailing address MAY BE A POST OFFICE BOX)	NAVARRE, FL 32566	इत क
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:		the name of the new
New Registered Office Address:		
	Enter Florido street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Cuy	zip Code
I hereby accept the appointment as registered agent and agrounce provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am jorovided for in Chapter 605, F.S. Or,	familiar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member <u>Address</u> Type of Action <u>Name</u> <u>Title</u> \_□ Add \_□ Remove \_ Change \_D Add \_□ Remove \_□ Change \_□ Add □ Remove \_□ Change : \_□ Add ☐ Change \_□ Remove

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reffective date is listed, the date muster. If the date inserted in this bl	st be specific and cannot be prior	r to date of filing or more th	an 90 days after filing.) Pu	Manife to 😝 02
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/1 1.	ব			
John M	Signature of a member or auth	iorized representative of a	nember	

Page 3 of 3

Filing Fee: \$25.00