

L1400015076F

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100296048721

03/01/17--01009--029 **30.00

FILED
17 MAR - 1 AM 7:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE COPPER BULL 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:

KRYSTAL J ALLEGRO

Name of Person

THE COPPER BULL LLC

Firm/Company

7279 NAVARRE PKWY

Address

NAVARRE, FL 32566

City/State and Zip Code

thecopperbull2015@gmail.com

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

For further information concerning this matter, please call:

KRYSTAL J ALLEGRO

850 450-8823
at ()

Name of Person

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

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

THE COPPER BULL 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 FEB 22, 2017 and assigned
Florida document number _____.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

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:

KRYSTAL J ALLEGRO

New Registered Office Address:

7279 NAVARRE PKWY

Enter Florida street address

NAVARRE

City

, Florida 32566

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.

x

Krystal Allegro

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MARTINA ALLEGRO	7279 NAVARRE PKWY	<input type="checkbox"/> Add
		NAVARRE, FL 32566	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LAFAYETTE TURNER II	7279 NAVARRE PKWY	<input type="checkbox"/> Add
		NAVARRE, FL 32566	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANTHONY M ALLEGRO	7279 NAVARRE PKWY	<input type="checkbox"/> Add
		NAVARRE, FL 32566	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	ANTHONY M ALLEGRO	7279 NAVARRE PKWY	<input checked="" type="checkbox"/> Add
		NAVARRE, FL 32566	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	KRYSTAL J ALLEGRO	7279 NAVARRE PKWY	<input checked="" type="checkbox"/> Add
		NAVARRE, FL 32566	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 MAR -1 AM 7:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 MAR -1 AM 7:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated FEBRUARY 22 2017

X. Anthony Alleno
Signature of

Signature of a member or authorized representative of a member

ANTHONY M ALLEGRO

Typed or printed name of signee