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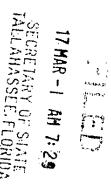
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## **COVER LETTER**

TO: Registration Sec Division of Corp		
THE COPPI	ER BULL LLC	
SUBJECT.	Name of Lim	ited Liability Company
	Amendment and fee(s) are sub	
	KRYSTAL J ALLEGRO	
		Name of Person
	THE COPPER BULL LLC	2
		Firm/Company
	7279 NAVARRE PKWY	
		Address
	NAVARRE, FL 32566	
	thecopperbull2015@gmail.	City/State and Zip Code
	E-mail address: (	to be used for future annual report notification)
For further information co	ncerning this matter, please ca	ali:
KRYSTAL J ALLEGRO		850 450-8823
Name of	Person	at () Area Code Daytime Telephone Number
Enclosed is a check for the	e following amount:	
□ \$25.00 Filing Fee .	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 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 Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited I	iability Company were filed on FE	EB 22, 2017	and	d assign	ned
Florida document number	•				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liability company he	ere:			
The new name must be distinguishable and contain the	words "Limited Liability Company," the d	lesignation "LLC" or	the abbreviation	n "L.L.C	Z."
Enter new principal offices address, if appli	cable:				
(Principal office address MUST BE A STRE	ET ADDRESS)		子(g) .	=======================================	.# 
			22	<u> </u>	
			IAS AS	70 	47-21-12-12-13-13-13-13-13-13-13-13-13-13-13-13-13-
Enter new mailing address, if applicable:			SE SE		il seem
(Mailing address MAY BE A POST OFFICE			- <del> </del>	Ī	i 1 i
Manning war, cop MAI 22 11 22 12 12			25	<u></u>	Lange 10
			57	<b>6</b>	
B. If amending the registered agent and registered agent and/or the new registered of		our records, <u>e</u>	nter the na	me of	the nev
Name of New Registered Agent:	KRYSTAL J ALLEGRO				
New Registered Office Address:	7279 NAVARRE PKWY				
and the second s	Enter Flor	rida street address			
	NAVARRE	, Florid	a 32566		
	City		Zip C	ode	

## 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>	<u>Name</u>	Address	Type of Action
AMBR	MARTINA ALLEGRO	7279 NAVARRE PKWY	
		NAVARRE, FL 32566	■ Remove
			Change
AMBR	LAFAYETTE TURNER II	7279 NAVARRE PKWY	Add
		NAVARRE, FL 32566	■ Remove
			Change
AMBR	ANTHONY M ALLEGRO	7279 NAVARRE PKWY	
		NAVARRE, FL 32566	■ Remove
			Change
CEO	ANTHONY M ALLEGRO	7279 NAVARRE PKWY	
		NAVARRE, FL 32566	Remove
			Change
VP	KRYSTAL J ALLEGRO	7279 NAVARRE PKWY	<b>■</b> Add
		NAVARRE, FL 32566	□ Remove
			☐ Change
<del></del>		<del> </del>	Add
			Remove
			Change

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	FEBRUARY	22 2017			
ffective date, if other than the date of filing an effective date is listed, the date must be specific and	Y:		than 90 days after film	l) ig.) Pursuant t	o 605.020
lote: If the date inserted in this block does not modern ocument's effective date on the Department of S	neet the applicabl	le statutory filing re	quirements, this dat	e will not be	listed a
ocament s onconvo auto en ale separanent en e	and a records.				
e record specifies a delayed effective d	ate, but not a	an effective time	e, at 12:01 a.m	. on the e	arlier d
The 90th day after the record is filed.					
FEBRUARY 22	2017				
Dated,		.•			
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Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00