

214000180368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

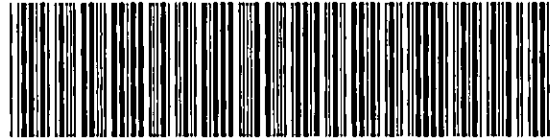
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA

2018 JUN 22 PM 4:53

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JUN 25 2018

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 Allegro
Name of Person

The Copper Bull, LLC
Firm/Company

7279 Navarre Pkwy
Address

Navarre, FL 32566
City/State and Zip Code

Krystalneka85@yahoo.com
E-mail Address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Krystal Allegro at (850) 450-8823
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

The Copper Bull LLC

Page 1 of 3

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> |
|--------------|------------------------|--------------------------|--|
| <u>VP</u> | <u>Krystal Allegro</u> | <u>7279 Navarre Pkwy</u> | <input type="checkbox"/> Add |
| | | <u>Navarre, FL 32566</u> | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| <u>AMBR</u> | <u>Krystal Allegro</u> | <u>7279 Navarre Pkwy</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Navarre, FL</u> | <input type="checkbox"/> Remove |
| | | <u>32566</u> | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: June 19, 2018 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(h)

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.

If the record 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 record is filed.

Dated June 19, 2018

Krist Allen

Signature of a member or authorized representative of a member

Krystal Allegro

Typed or printed name of signee