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COVER LETTER

TO: ,	Registration Section División of Corporations
SUBJ	JECT: The Copper Bull LLC Name of Limited Liability Company
The e	enclosed Articles of Amendment and fee(s) are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
	Arthony Allegro
	The Copper Bull, LLC Firm/Company
	7279 Navarre Parkway
	Navare, FL 32564 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fi	urther information concerning this matter, please call:
	Anthony Altegro at (850) 450-5344 Name of Person Area Code Daytime Telephone Number
Enclo	osed is a check for the following amount:
□ s	S25.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee Scrifficate 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**

(Name of the Limited Liability Comp.	ner Bull LLC any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 14000180368</u> . This amendment is submitted to amend the following:	were filed on June 20,2018 and assigned
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility 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)	SECOND TO THE PERSON OF THE PE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ZS R D STATE
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.	office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
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:	Enter Florida street address Florida City Zip Code

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 Type of Action **Address** Title Name 7279 Naverre Pkwy DAdd AMBR Krystal Allegro Navarre FL 32566 □ Change □ Add ☐ Remove ☐ Change CEE. FLO Change ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	I mailed this same form on June 19, 2018. I
	filled and the information but I made an error.
	This form is the correct one I sent another check
	just incase.
	PART 3
(If an e Note	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	d_June 20 . 2018 .
	Signature of a member or authorized representative of a member
	Anthony Allcaro Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00