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COVER LETTER

Big Bull, I	LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Robert Kemper		
		Name of Person	
	Big Bull, LLC		
		Firm/Company	
	1385 Lake Ave		
		Address	
	Clermont, Florida 34711		
		City/State and Zip Code	
	rwkemper@gmail.com		•
·		to be used for future annual report notif	ication)
or further information	concerning this matter, please co	3H;	
Rober6t Kemper		352 255-7717 at ()	
Name	of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for t	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 enclo

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

Big Bull, LLC	amount of it not uppears on our records.)	
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comprovide document number L1500082462	pany were filed on 5/11/2015	and assigned
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	Lishiling Company "the designation "LLC" o	or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "Limited		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable:		2 C25 = 1.5
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		છે કું?
B. If amending the registered agent and/or registered agent and/or the new registered office addres	red office address on our records, ss here:	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
	City	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.

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>	Name	<u>Address</u>	Type of Action	
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		Pemroke Pines, Fl 33026	■ Remove	
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E. Effective date, if	other than the da	te of filing:	-		(optional)	(0)	5 070
(If an effective date is I Note: If the date ir	isted, the date must be iserted in this block	specific and canno does not meet th	ne applicable statute	ing or more than 90 da ory filing requiremen	iys after filing.) Purs hts, this date will r	not be list	ed a:
document's effective	re date on the Depa	rtment of State's	records.				
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f the record specif b) The 90th day	lies a delayed e after the record	ffective date, d is filed.	but not an erre	ctive time, at 12	2.01 a.m. on t	ne carm	E 1 0
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	Sin	anature of a member	er or authorized repre	sentative of a member			

Page 3 of 3

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