

10/11/2019

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : OLDER LUNDY & ALVAREZ  
Account Number : I20190000084  
Phone : (813)254-8998  
Fax Number : (813)839-4411

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: 907CH@.01414W.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BULK NATION COUNTRYSIDE, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

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25 OCT 11 PM 11:36

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Electronic Filing Menu

Corporate Filing Menu

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BULK NATION COUNTRYSIDE, 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:

ADAM D. BIRCH, ESQ.

Name of Person

OLDER LUNDY & ALVAREZ

Firm/Company

1000 WEST CASS STREET

Address

TAMPA, FL 33606

City/State and Zip Code

ABIRCH@OLALAW.COM

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

For further information concerning this matter, please call:

ADAM D. BIRCH, ESQ.

813 254-8998  
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**

**FILED**

2019 OCT 11 P 1:36

CLERK TALLAHASSEE  
TALLAHASSEE, FLORIDA

HULK NATION COUNTRYSIDE, 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 June 3, 2016 and assigned  
Florida document number L16000107671.

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:

8125 25TH COURT EAST

(Principal office address **MUST BE A STREET ADDRESS**)

SARASOTA, FL 34243

Enter new mailing address, if applicable:

8125 25TH COURT EAST

(Mailing address **MAY BE A POST OFFICE BOX**)

SARASOTA, FL 34243

**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:

JONATHAN DRAKE, JR.

New Registered Office Address:

8125 25TH COURT EAST

*Enter Florida street address*

SARASOTA

Florida 34243

*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.*

*Jonathan Drake*  
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         | KAREN A. SARDINA | 10275 WINDHORST ROAD | <input type="checkbox"/> Add               |
|              |                  | TAMPA, FL 33619      | <input checked="" type="checkbox"/> Remove |
|              |                  |                      | <input type="checkbox"/> Change            |
| AMBR         | SCOTT A. JACKSON | 10275 WINDHORST ROAD | <input type="checkbox"/> Add               |
|              |                  | TAMPA, FL 33619      | <input checked="" type="checkbox"/> Remove |
|              |                  |                      | <input type="checkbox"/> Change            |
| AMBR         | GARY LANOIE      | 10275 WINDHORST ROAD | <input type="checkbox"/> Add               |
|              |                  | TAMPA, FL 33619      | <input checked="" type="checkbox"/> Remove |
|              |                  |                      | <input type="checkbox"/> Change            |
| AMBR         | CHADWICK WILTON  | 8125 25TH COURT EAST | <input checked="" type="checkbox"/> Add    |
|              |                  | SARASOTA, FL 34243   | <input type="checkbox"/> Remove            |
|              |                  |                      | <input type="checkbox"/> Change            |
|              |                  |                      | <input type="checkbox"/> Add               |
|              |                  |                      | <input type="checkbox"/> Remove            |
|              |                  |                      | <input type="checkbox"/> Change            |
|              |                  |                      | <input type="checkbox"/> Add               |
|              |                  |                      | <input type="checkbox"/> Remove            |
|              |                  |                      | <input type="checkbox"/> Change            |

[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 Sep. 18, 2019

Typed or printed name of signer