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(Req	uestor's Name)	
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2019 JUNE 10: 14:10: 51

J. HARRIS

COVER LETTER

TO:	Registration Se Division of Cor			*	, r
SUBJEC	. Bullock, LI	.c			
SOLOLI		Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub		1	
Please re	rium ali correspo	ndence concerning this matter	to the following:		
		Leo M. Bullock, IV			
		 	Name of Person		
		Bullock, LLC			
			Firm/Company		
		6724 Beach Drive			
			Address		
		Panama City Beach, FL 32	2408		
		LeoBullock@Outlook.com	City/State and Zip Code		
		-	to be used for future annual report notif	ication)	
For furth	ner information c	oncerning this matter, please co	all:	1	
Leo M.	Bullock, IV		850 381-9043	1	
	Name o	f Person		Telephone Number	
Enclosed	d is a check for th	ne 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 Certificate of Certified Cop (additional copy	Status &

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

Bullock, 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 Co Florida document number 1.17000019107	ompany were filed on January 24th, 2017	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 "Limi	ited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
		, (-
Enter new mailing address, if applicable:		<u>.</u> .,
(Mailing address MAY BE A POST OFFICE BOX)		_ 1 he
		LD CD
		-
B. If amending the registered agent and/or regist registered agent and/or the new registered office address.		enter the name of the new
Name of New Registered Agent:		
-		
New Registered Office Address:	Enter Florida street address	
	, Flo	rida Zip Code
New Registered Agent's Signature, if changing Registered	i Agent:	
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence accept the obligations of my position as registered againg filed to merely reflect a change in the registered company has been notified in writing of this change.	and agree to act in this capacity. I fur complete performance of my duties, and gent as provided for in Chapter 605, F	d I am familiar with and F.S. Or, if this document is

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>	Type of Action
AP	Debbie A Bullock	<u> </u>	□ Add
		Panama city Be	Drive
		 	Change
			□ Add
			Remove
			☐ Change
			☐ Remove
			Change
			□ Add
			Remove
			□ Change
			□ Remove
		.	□ Ĉhange
			□ Add
			Change

rective date, if other than the date of filing: (optional) (optional) (optional) (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 605.02 (optional) (o		
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier he 90th day after the record is filed. Signature of a member or authorized representative of a member Leo M. Bullock, IV		1
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	ed January 8, 2018 Signature of a member or authorized representative of a mem	iber -

Page 3 of 3

Filing Fee: \$25.00