

L17000055846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

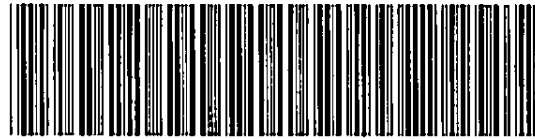
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/21/17--01015--003 **25.00

SECRETARY OF STATE
FALL PASSPORT UNIT
17 DEC 20 AM 11:49

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BULLY MODE GRAPHICS

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:

NOELLE BENNETT

Name of Person

BULLY MODE GRAPHICS

Firm/Company

PO BOX 290821

Address

DAVIE, FL 33313

City/State and Zip Code

BMG247GRAPHICS@GMAIL.COM

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

For further information concerning this matter, please call:

NOELLE BENNETT

786 8730751

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BULLY MODE GRAPHICS

(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 3/9/2017 and assigned
Florida document number L17000055846.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NA

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

NA

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NA

(Mailing address MAY BE A POST OFFICE BOX)

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:

NOELLE BENNETT

New Registered Office Address:

3279 NW 41 STREET

Enter Florida street address

LADERDALE LAKES

City

Florida 33309

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	NOELLE BENNETT	PO BOX 290821	<input type="checkbox"/> Add
		DAVIE FL 33313	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	DIARA CALDWELL	7421 NW 21 STREET	<input type="checkbox"/> Add
		SUNRISE, FL 33313	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CHARLESTON PINE	7451 NW 21 STREET	<input type="checkbox"/> Add
		SUNRISE, FL 33313	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DEVYN SCOTT	7451 NW 21 STREET	<input type="checkbox"/> Add
		SUNRISE FL 33313	<input checked="" 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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

I AM BECOMING MY OWN AGENT. MY ADDRESS IS DIFFERENT. REMOVING ALL AMBR.

17 DEC 20 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: NA (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)(b)

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 NOVEMBER 29 2017

Signature of a member

NOELLE BENNETT

Typed or printed name of signee