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Office Use Only



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COVER LETTER

	tration Section on of Corporations			
SUBJECT: _	YNWA	Ouline	Consulting ited Liability Company	
		Name of Lim	ited Liability Company	
The enclosed A	Articles of Amendment	and fee(s) are sub	mitted for filing.	
Please return a	II correspondence conc	erning this matter	to the following:	
		Sons	Name of Person	
		<u> </u>	Name of Person	
		·		
			Firm/Company	
		5911	Civia FishLaw K	B nd
			Address	
		Lithic	FL 33547 City/State and Zip Code	
			City/State and Zip Code	
		Sturn Du E-mail address: (11 75 (C) Surf look.	cow
For further info	ormation concerning thi	s matter, please ca	ali:	
Sa	uga Turubu	.\(at (<u>813</u>) <u>928 -</u> Area Code Daytime	8121
,	Name of Person		Area Code Daytime	: Telephone Number
Enclosed is a c	heck for the following	imount:		
□ \$25.00 Fili	_	Filing Fee & icate 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

18 JUN 18 PM 1: 50

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:

New Registered Office Address:

13614 Plate Creek Circle #2

Enter Florida street address

Tampa Florida

33613

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>	Type of Action
MGR	Bullish Holding Co.	59/1 Circa Fishhowk	Blod Add
	uc	Litha FL 33547	D-Remove
			Change
MGR	Bullish Venture Holdings LLC	PO Box 93438	DAdd
	Holdings LLC	Lakeland, FL 33804	☐ Remove
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Page 3 of 3

Filing Fee: \$25.00