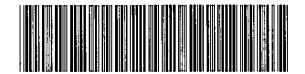
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| (Re                     | questor's Name)   |             |
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| ,                       | ŕ                 |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
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## **COVER LETTER**

| TO: Registration Sec<br>Division of Corp |   |   |  |
|--|---|---|--|
| SUBJECT: — C                             |   | Consultants Let Liability Company                                   | 1 <u> </u>   |
| The enclosed Articles of A               | mendment and fee(s) are subr              | nitted for filing.  |  |
| Please return all correspon              | dence concerning this matter t            | to the following:   |  |
|  | Sava                                      | Lumbull   |  |
|  |   | Name of Person  |  |
|  |   |   |  |
|  |   | Firm/Company  | <del></del>  |
|  | 5911 C                                    | irca Fishhawk<br>Address  | Blrd   |
|  |   |   |  |
|  | Lithic                                    | City/State and Zip Code   | 7  |
|  |   | City/State and Zip Code   |  |
|  | Sturn.                                    | bull 75 @ outlo   | ok.com   |
|  |   | ·   | cation)  |
|  | ncerning this matter, please ca           |   |  |
| Sança C                                  | Person                                    | at (83) 928-  | 8121   |
| Name of                                  | Person                                    | Area Code Daytime   | Telephone Number   |
|  |   |   |  |
| Enclosed is a check for the              | following amount:                         |   |  |
| □ \$25.00 Filing Fee                     | S30.00 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

|  | OF                       |                              |                            | <del>1</del> 8                               | 35<br>35                             |
|--|--------------------------|------------------------------|----------------------------|--|--------------------------------------|
| Aclista Legal  |                          | ants LL                      | our records )              | JUN 2  |                                      |
| <u>Values an ro annes.</u> )<br>A.)  | Florida Limited Li       | ability Company)             | our records.               | ~.   |                                      |
| The Articles of Organization for this Limited Liab   | _                        | ere filed on                 | 111/18                     | and assign                                   | 64.7<br>13.4<br>13.4<br>13.4<br>14.4 |
| Florida document number <u>L180061439</u>  |                          |                              |                            | ţ.   |                                      |
| This amendment is submitted to amend the follow  | ving:                    |                              |                            |  |                                      |
| A. If amending name, enter the new name of t   | <u>he limited liabil</u> | ity company here:            |                            |  |                                      |
| The new name must be distinguishable and contain the wor                                     | ds "Limited Liabilit     | y Company," the design       | ation "LLC" or the abbr    | eviation "L.L.C                              | <del></del>                          |
| Enter new principal offices address, if applicab   | ole:                     | m N.                         | Orange A.<br>O<br>FL 3a8   | ve   |                                      |
| Principal office address MUST BE A STREET  | ADDRESS)                 | Ste 80                       | <u> </u>                   |  |                                      |
|  |                          | <u>Us lando</u>              | +L 3a8                     | 01   |                                      |
| Enter new mailing address, if applicable:  |                          | W D.                         | Drange Ave                 | <u>.                                    </u> |                                      |
| (Mailing address MAY BE A POST OFFICE BO   | <u>0X)</u>               | Ste 8                        | <u> </u>                   |  |                                      |
|  |                          | <u>Orlando</u>               | , th 328                   | 101  |                                      |
| B. If amending the registered agent and/or registered agent and/or the new registered office |                          |                              | r records, <u>enter tl</u> | ne name of                                   | the new                              |
| Name of New Registered Agent:  | <u>Ulric</u>             | Lous                         |                            |  |                                      |
| New Registered Office Address:   | 5444                     | Florence<br>Enter Florida si | Harbor<br>treet address    | Dr.  |                                      |
|  | Orlan                    | .do<br>City                  | , Florida                  | 32829<br>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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

| MGR = Manager            |  |
|--------------------------|--|
| Prote Manager            |  |
| AMBR = Authorized Member |  |

| <u>Title</u> | <u>Name</u>              | <u>Address</u>          | Type of Action |
|--------------|--------------------------|-------------------------|----------------|
| MGR          | Bullish Holding Co L     | C 5911 Circa Fishhowk & | Sivet Add      |
|              |                          | Lithia FL 33547         | Remove         |
| _            |                          |                         | Change         |
| <u>vP</u>    | Charriece Williams       | 5911 Circa Fishhawk     | SIJA Add       |
|              |                          | Littia FL 33547         | B Remove       |
|              |                          |                         | Change         |
| MGR          | Bullish Venture Holdings | PO Box 93438            |                |
|              | 止し                       | Lakeland, FL 33804      | Remove         |
|              |                          |                         | Change         |
|              |                          |                         | Add            |
|              |                          |                         | □ Remove       |
|              |                          |                         | Change         |
|              |                          |                         | □ Add          |
|              |                          | ******                  | □ Remove       |
|              |                          |                         | Change         |
|              |                          |                         | □ Add          |
|              |                          |                         | Remove         |
|              |                          |                         | ☐ Change       |

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| T E 60             |  | N  |
| (If an ef<br>Note: | Tective date, if other than the date of filing:  Tective date is listed, the date must be specific and cannot be prior to date of filing or more. If the date inserted in this block does not meet the applicable statutory filing rement's effective date on the Department of State's records. | (optional) than 90 days after filing.) Pursuant to 605.0207 (3 equirements, this date will not be listed as th |
|                    | cord specifies a delayed effective date, but not an effective time 90th day after the record is filed.   | e, at 12:01 a.m. on the earlier of:  |
| Dated              | June 21 2018   |  |
|                    |  |  |
|                    | Signature of a member or authorized representative of  | a member   |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00