# L18 000 146908

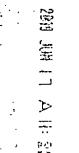
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## **COVER LETTER**

TO:	Registration S Division of Co	Section orporations	•	,
SHIR IL	souissi Ile		A	
3011,11	.cr	Name of Li	imited Liability Company	
The end	closed Articles of	f Amendment and fee(s) are su	abmitted for films	
		ondence concerning this matte		
		Mohamed souissi		
		Bull Property Managemen	Name of Person	
		14129 walcott ave	Firm/Company	
		orlando fl 32827	Address	
		souissirealty@gmail.com	City/State and Zip Code	<del></del>
		E-mail address:	(to be used for future annual report notif	ication)
or funt	her information c	oncerning this matter, please c	call:	
Mohame	ed souissi		407 4042565 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	f is a check for th	ne following amount:		
3 \$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

souissi Ile

company has been notified in writing of this change.

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( <u>Name of the Limited Lial</u> (A Flo	rida Limited Lia	<u>y as it now ar</u> ability Compa	opears on ou my)	<u>ir rec</u> ords	<u>s.</u> )		
The Articles of Organization for this Limited Liability				0.6748	นหมี 1 🗇	A 11: an <u>c</u>	£2 Laşsigned
Florida document number L18000146908	<u> </u>			أستط	id , mile c i		^
This amendment is submitted to amend the following	:						
A. If amending name, enter the new name of the li	<u>imited liabili</u>	ity compan	y here:				
Bull Property Management LLC							
he new name must be distinguishable and contain the words "I	imited Liability	y Company,"	the designati	on "LLC"	or the ab	breviation	ı "L.L.C."
Enter new principal offices address, if applicable:		<u>-</u>					
Principal office address MUST BE A STREET ADI	DRESSI						
i micipal office adaress MOST BE A STREET ADI	UNLOS)						
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Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or regestered agent and/or the new registered office action.  Name of New Registered Agent:	gistered offi			et address			ne of th

If Changing Registered Agent, Signature of New 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

MGR = N AMBR = A	Manager Authorized Member		
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Effective date, if other than the If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the D	rock does not nicel the appli	cable statutory filing real	( <b>optional</b> ) in 90 days after filing.) Pursua irements, this date will no	nt to 605,0207 t be listed as
he record specifies a delayed The 90th day after the rec	d effective date, but n ord is filed.	ot an effective time,	at 12:01 a.m. on the	e earlier of
Dated june / 11	2019	·		
	/h	Y Cmy N		
	Signature of a member or auth	orized representative of a m	ember	

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