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## **COVER LETTER**

TO:		istration Sec ision of Corp			
CUDI	cerr.	BULL MINI	NG LLC		
SUBJI	ect:		Name of Limi	ited Liability Company	<del></del>
			amendment and fee(s) are subt		
Please	return	all correspon	dence concerning this matter t	to the following:	
			CARL TELIAS		
			TELIAS & COMPANY, INC.	Name of Person	
			2799 NW 2ND AVENUE - S	Firm/Company SUITE 107	
			BOCA RATON, FLORIDA 3	Address 33431	<del></del>
			CTELIAS@AMLBSA.COM	City/State and Zip Code	
				o be used for future annual report i	notification)
			neerning this matter, please ca		_
CARL S. TELIAS 561 901-5657			7 time Telephone Number		
		Name of	Person	Area Code Day	time Telephone Number
Enclos	sed is a	check for the	e following amount:		
\$2	5.00 F	iling 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

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 "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (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 registered agent and/or registered office address on our records, enter the name of the registered agent and/or registered office address on our records, enter the name of the registered office address on our records, enter the name of the registered office address on our records, enter the name of the registered office address on our records, enter the name of the registered office address on our records, enter the name of the registered office address on our records, enter the name of the registered office address on our records, enter the name of the registered office address on our records.	BULL MIN		
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A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (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 registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  Florida	The Articles of Organization for this Limited Liability Company Florida document number L19000055207	were filed on FEBRUARY 26, 2019	and assigned
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (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 registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  Florida	This amendment is submitted to amend the following:		
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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 registered office address on our records, enter the name of the registered agent and/or the new registered office address here:    Name of New Registered Agent:   New Registered Office Address:   Enter Florida street address	Enter new principal offices address, if applicable:	36 NE 1ST STREET - SUITE 915	202
Enter new mailing address, if applicable:  (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 registered agent and/or the new registered office address here:    Name of New Registered Agent:   New Registered Office Address:   Enter Florida street address	, ,	MIAMI, FLORIDA 33132	0 77
MIAMI, FLORIDA 33132  MIAMI, FLORIDA 33132	Enter new mailing address, if applicable:	36 NE 1ST STREET - SUITE 912	SSS -P
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	.,	MIAMI, FLORIDA 33132	- 골됐
New Registered Office Address:  Enter Florida street address, Florida	registered agent and/or the new registered office address her		the name of the πew
Enter Florida street address, Florida			
	New Registered Office Address:	Enter Florida street address	<del></del>
City Zip Code			7.01
New Registered Agent's Signature, if changing Registered Agent:		•	Zīp Code

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AR	GISELLE RAMIREZ	3600 MYSTIC POINTE DRIVE AVENTURA, FLORIDA 33180	<b>=</b> Add
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Tective date, if other than the	date of filing: 09/18/2020 t be specific and cannot be prior to date	of filing or more than 90 days a	ptional) fter filing.) Pur	suant to 60	5.0207
ote: If the date inserted in this blocument's effective date on the Do	ock does not meet the applicable s	tatutory filing requirements.	this date will	not be lis	ted as
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sted SEPTEMBER 18	2020				

Typed or printed name of signee