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COVER LETTER

	stration Section of Corp		•	
SUDJECT.	BULLARD	CONSTRUCTION AND INV	ESTMENTS, LLC	
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed A	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return a	ill correspoi	ndence concerning this matter	to the following:	
		TED LEE BULLARD III		
			Name of Person	
		BULLARD CONSTRUCT	TION AND INVESTMENTS, LI	.C
			Firm/Company	
		4570 SW 52ND CIRCLE,	110	
			Address	
		OCALA, FL 34474		
			City/State and Zip Code	
		WEB@MAGMAGRANITI	E.ROCKS to be used for future annual report no	stitiontism)
For further info	ormation co	oncerning this matter, please ca	·	ourication?
TED BULLA			352 3174114	
	Name of	Person		ime Telephone Number
	Time of	· Clovia	Med Code Day	me receptione runner
Enclosed is a c	heck for the	e following amount:		
■ \$25.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ng Address stration S		Street Address: Registration S	iaction
_		orporations	Division of Co	
	Box 632		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BULLARD CONSTRUCTION AND INVESTMENTS, LLC

(Name of the Lim	(A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I	Liability Company	were filed on 9/27/2022	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	4570 SW 52ND CIRCLE	
(Principal office address MUST BE A STREET ADDR		110	
		OCALA, FL 34474	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		4570 SW 52ND CIRCLE	
		110	
		OCALA, FL 34474	
B. If amending the registered agent and/or gent and/or the new registered office addroses. Name of New Registered Agent:			0CT - 7
New Registered Office Address:	4570 SW 52NI	CIRCLE, 110	吊里已
	OCALA	Emer Florida street address Florida 3	57ATE
		City	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>	Address	Type of Action
CEO	BULLARD, Devon	1251 WOODLAND DR	
		INKSTER, MI 48141	■Remove
			□Change
CEO	TED LEE BULLARD III	4570 SW 52ND CIRCLE, 110	≌Add
		OCALA, F1. 34474	□Remove
			□Change
			□Add
			☐Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
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			Change

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ote:	ive date, if other than the date of filing: 9/27/2022 (optional) fective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nent's effective date on the Department of State's records.
recoi l is fi	d 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 led.
	SEPTEMBER 28TH 2022
ated	Tolky Cralled III
ated	Signature of a member of authorized representative of a member

Filing Fee: \$25.00