## L 20000158454

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## **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations			
Bull Builde	ers, LLC	•		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Brian A. Glaeser			
		Name of Person		
	Bull Investors, LLC			
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	<del></del>	
	2205 Tarpon Road			
		Address		
	Naples, FL 34102			
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		
	bullbuilders@yahoo.com			
For further information c	E-mail address: ( oncerning this matter, please co	to be used for future annual report not	ification)	
Vince	CD. record	239 290-1025 at ()	T. L. alice North and	
Name o	rreison	Area Code Dayur	ne retepnone Sumber	
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	■ \$30.00 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 Addres		Street Address:	ection	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bull Builders, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{06/09/2020}{-}$ and assigned Florida document number L20000158454 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Bull Investors, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation." 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

## 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
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Note: If the date inserted in this bl	st be specific and calliot be plock does not meet the ap-	plicable statutory fili	ng requirements, this d	late will not be listed as
document's effective date on the De	epartment of State's reco	rds.	<b>.</b>	
record specifies a delayed effective	ze date, but not an effectiv	ze time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
rd is filed.				
Dated	2023			
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	7311/			
<del></del> .	Signature of a member or a	authorized representativ	e of a member	<del></del>
<del></del>	Signature of a member or a	nuthorized representativ	e of a member	
Brian A Glaeser	Signature of a member or a	nulhorized representativ	e of a member	

Filing Fee: \$25.00