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(Requestor's Name)
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COVER LETTER

TO: Registration Se Division of Cor			
	ONTRUCTION LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	BRET M FETTY		
		Name of Person	
	BULLY CONTRUCTION	ELLC	
		Firm/Company	623
	825 CENTER ST APT 22.	A	2028 SEP 14 PM 2: 10
	- 	Address	0): F
	JUPITER, FL. 33458		PM 2
		City/State and Zip Code	
	bretfetty7@gmail.com		32*
	E-mail address: (to be used for future annual report notific	cation)
For further information c	oncerning this matter, please c	all:	
BRIET M FETTY		304 812-6728	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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		Street Address:	*
Registration S Division of C		Registration Sect Division of Corp	
P.O. Box 632	•	The Centre of Ta	
Tallahassee 1			Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ssigned
L.L.C.
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New Registered Agent's Signature, if changing Registered Agent:

BULLY CONTRUCTION LLC

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 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			☐ Change
			□ Add
			Remove Change Change PH Add Add
			PH Add 7
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e: If the date inserted in this bloc	k does not meet the app	licable statutory filing	ore than 90 days a g requirements,	ter tiling.). this date v	rill not be lis	ted
ument's effective date on the Dep	artment of State's recor	ds.				
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Si	gnature of a member or au	thorized representative	of a member			