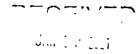
## L20 000 257828

Office Use Only



400358119144



01/20/21--01003--014 \*\*25.00

123/2) 23/2)

## **COVER LETTER**

TO: Registration Division of	on Section [Corporations			
SUBJECT:	The	Bullish Name of Lin	nited Liability Company	
The enclosed Article	es of Amendment	and fee(s) are su	bmitted for tiling.	
Please return all corr	respondence conc	erning this matte	r to the following:	
		Roberto	Hernande 2 Name of Person	
		The	Bullish Flag Firm/Company	LLC
	<u> </u>	1514 5	w 190 St Address	
	Cutl	er Buy	FL 33157 City/State and Zip Code Cboll/34 Flag. Ac+ (to be used for future annual report not)	<del></del> -
	Sup	Port of the	Cbollish Flag. AC+ (to be used for future annual report not)	fication)
For further informat				
Roberto	Helpa	nde z	at ( <u>305</u> ) <u>998</u> Area Code Daytim	- \$901 e Telephone Number
Enclosed is a check	for the following	amount:		
<b>♣</b> \$25.00 Filing Fe		D Filing Fee & ificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee.</li> <li>Certificate of Status &amp;</li> <li>Certified Copy radditional copy is enclosed.</li> </ul>
<u>Mailing Ac</u> Registrati	<u>ddress:</u> ion Section		<u>Street Address:</u> Registration Se	ction

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida	y Company as it now appears on our red Limited Liability Company)	cords.)			
The Articles of Organization for this Limited Liability Company were filed on					
Florida document number	<del>_</del> ·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ted liability company here:				
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "				
Enter new principal offices address, if applicable:		202			
(Principal office address MUST BE <u>A S</u> TREET ADDR	ESS)	See 200 1			
		(2)			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BON)					
	<del></del>				
B. If amending the registered agent and/or registered	office address on our records, en	ter the name of the new regi			
agent and/or the new registered office address here:					
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street ad	dress			
<u></u>		, Florida			
	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
MGR	Patrick Blackwood	7828 Biltmore Blud	□ Add
		Miramar, FL 33023	#Remove
			□Add
			□Remove
			□Change
			202/Add Filemove
			<i>-</i>
			<b>Ş</b> Change ○ - 
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

				<del></del>
<del></del>				
				200
				<u></u>
				-11-
				<u></u>
				- <del>                                     </del>
		<del></del>		
	a de la CCP		4 - 2 - 1 D	
effective date is list <u>e:</u> If the date ins	her than the date of filing:  ed, the date must be specific and cannot be perted in this block does not meet the apidate on the Department of State's reco	rior to date of filing or more the plicable statutory filing requ	(optional) in 90 days after filing.) P irements, this date wi	ursuant to 605.026 Il not be listed a
	•			
cord specifies a d filed.	layed effective date, but not an effective	ge time, at 12:01 a.m. on the	earlier of: (b) The S	90th day after th
ed Janu	ary 12 20:	21.		
	Signature of a member or a	authorized representative of a n	iemmer-	