## LZ0000298187

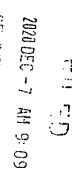
(Re	questor's Name)	
(Add	dress)	<del></del>
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PICK-UP	WAIT	MAIL
(Bu:	siness Entity Name	)
(Do:	cument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to I	Filing Officer:	
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JdA. 1/20/21

## . . . . COVER LETTER

ro:

Registration Section Division of Corporations

вјест:	Name of Lim	ited Liability Company	
e enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
ase return all correspo	ondence concerning this matter	to the following:	
	JOSE ROBAINA		
		Name of Person	
	MIABULLYCAMP_CUC	O LLC	
		Firm/Company	
	1275 W 26 PLACE APT 1	9	
	<del></del>	Address	· · ·
	HIALEAH FL 33010		
		City/State and Zip Code	
	TINAAIDEN0106@YAHC		
	E-mail address: (	to be used for future annual report not	ification)
Surther information of	oncerning this matter, please c	all:	
E ROBAINA		786 2531713	
Name o	r' Person	Area Code Daytin	ne Telephone Number
sed is a check for the	he 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 Registration		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632		The Centre of	
Tallahassee,		2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

## . ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIABULLYCAMP\_CUCO LLC

w has been notified in writing of this change.

(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	r recorus.)	
ne Articles of Organization for this Limited Liability Company orida document number <u>L20000298187</u> .	were filed on SEPTEME	BER 22, 2020	and assigned
nis amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liab	ility company here:		
.I.A_BullyCamp LLC			
e new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	on "LLC" or the abbre	viation "L.L.C."
iter new principal offices address, if applicable:			
rincipal office address MUST BE A STREET ADDRESS)			
		တ် ၂၂ (၂၂)	202
		- 17 - 17	
tor your mailing address if applicables		f', ''.	
ter new mailing address, if applicable:			
uiling address MAY BE A POST OFFICE BOX)		<del></del>	
		• ***	_ <del>\tilde{</del>
		1	
f amending the registered agent and/or registered office a and/or the new registered office address here:	address on our records.	, enter the name o	t the new region
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stree	rt address	
	, Florida		
<del></del>	City		Zip Code
egistered Agent's Signature, if changing Registered Agent:			

ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is iled to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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> Fitle</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
			□Add
			□Remove
		<del> </del>	
		<del></del>	□Add
			□Remove
		<del></del>	[] Change
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Tective date, if other than	the date of filing: must be specific and cannot be prio	r to date of filing or more than	(optional) 190 days after filing ) Pursuant to 60	05 0207
ote: If the date inserted in th	is block does not meet the appli	cable statutory filing requi	rements, this date will not be li	sted as
cument's effective date on the	he Department of State's records	S.		
	ective date, but not an effective	time, at 12:01 a.m. on the	earlier of: (b) The 90th day aff	ter the
s filed.				
	2020			
November 74	2020	·		
November 24				
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November 24		horized representative of a me	mhor	