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SECRETARY OF STATE
SECRETARY OF STATE
OF CORPORATIONS
2022 MAY -2 AM IO: 31

J DERINIS J DERINIS

COVER LETTER

Registration Section Division of Corporations

TO:

	LDINGS 2420 LLC		ı				
SUBJEC1	Name of Lin	nited 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:					
	ROSS KASHTAN						
		Name of Person					
		Firm/Company					
	2500 5TH AVE N	• 11					
	ST. PETERSBURG, FL 3.	Address					
	BULANATION@GMAIL.	City/State and Zip Code					
	_	to be used for future annual report not	ification)				
For further information c	oncerning this matter, please c	all:					
ROSS KASIITAN		727 409 - 6547					
Name o	f Person	at () Area Code Daytir	ne Telephone Number				
Enclosed is a check for the	ne following amount:						
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed				
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection				
Division of C	orporations	Division of Corporations					
P.O. Box 632 Tallahassee, I			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BULA HOLDINGS 2420 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 I Florida document number <u>L21000224832</u>	Liability Company were filed on $\frac{0}{2}$	5/14/2021 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company l	nere:
BULA HOLDINGS 2532 LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	-	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address.)	registered office address on our	records, enter the name of the new registe
Name of New Registered Agent:	HAROLD TAYLOR	
New Registered Office Address:	1320 19TH ST N	
	Enter Flo	orida street address
	ST. PETERSBURG	Florida 33713
	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.

f 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		-	🗆 Add
			□Remove
			Change
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			Remove
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lf an ef <u>Note:</u>	tive date, if of fective date is list. If the date instruction is effective.	sted, the date serted in thi:	must be spec s block doe	rific and ca es not me	innot be p	olicable sta	of filing or n itutory filin	nore than 90 ig requirer	days after	filing.) Pursua	ant to 605,0207 of be listed as
e reco rd is fi	rd specifies a c iled.	lelayed effe	ctive date, l	but not ar	n effectiv	e time, at	12:01 a.m.	on the ear	lier of: (b)	The 90th	day after the
Data	APRIL 20				2022						
Dated				·							
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Typed or printed name of signee