## 12/000340200

(Requestor's Name)
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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor					
BULLET P	OINT RANCH, 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:			
	JIANBIN LIANG				
	<del></del>	Name of Person			
	-	Firm/Company			
	5776 HOFFNER AVE. STE #203				
Address ORLANDO, FL 32822					• :
		City/State and Zip Code			
	SAMUEL.LIANG@MICRO	OGENDX.COM			
For further information c	E-mail address: (oncerning this matter, please ca	to be used for future annual	report notification)		
JIANBIN LIANG		407 49	3-5761		
Name o	f Person	Arca Code	Daytime Telepho	one 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 end		\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is encles	& : } & : } ed) ; ?
Mailing Address		Street A			
Registration S Division of C			ation Section of Corporation	ons	
P.O. Box 632	.7	The Ce	ntre of Tallahas	ssee	
Tallahassee, 1	FL 32314	2415 N	. Monroe Stree	t, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BULLET POINT RANCH, LLC

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L21000340200}{L21000340200}$ .	y were filed on 07/27/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abl	oreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	10405 HART BRANCH CIRCLE	
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32832	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	address on our records, enter the name	e of the new registered
New Regissered White Address.	Enter Florida street address	•
	Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	1 1
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I am fo provided for in Chapter 605, F.S. Or,	imiliar with and if this document is

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>	Name	<u>Address</u>	Type of Action
MGR	RKDRM MANAGEMENT, LLC	10405 HART BRANCH CIRCLE	□Add
		ORLANDO. FL 32832	■ Remove
			□ Change
MGR	RICHARD D. MARTIN	10405 HART BRANCH CIRCLE	<b>=</b> Add
		ORLANDO, FL 32832	□Remove
			□Change
			🖸 Add
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. If amending any	other information, enter	change(s) here: (Attach e	additional sheets, if nece	ssary.)
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Effective date, if o	other than the date of filin	19:	(ontio	nali
Mote. If the date if	listed, the date must be specific an ascrted in this block does not a ve date on the Department of a	meet the applicable statutor	ng or more than 90 days after f y filing requirements, this	nal) iling.) Pursuant to 605,0207 (3)(b) date will not be listed as the
e record specifies a rd is filed.	delayed effective date, but no	ot an effective time, at 12:01	a.m. on the earlier of: (b)	The 90th day after the
Dated	Mars 22	2024		
17ated/	my w	10 11 1		
	Signature of a	member or authorized represer	ntative of a member	
	Richa	M David Typed or printed name of sig	Martin	<u> </u>
		- yp printed name of sig	<u>-</u>	ear we 5.92.
				BETHANY WALL Notary Public-State of Florida Commission # HH 174840