121000447786

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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T. MATTHEWS NOV 2 9 2021

COVER LETTER

TO: Registration : Division of Co			
		BULLET LLC	
SUBJECT:	Name of Lin	ited Liability Company	10,
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
		Edwin Annijo	
		Name of Person	
		The Simplex Group Inc	
	<u> </u>	Firm/Company	
	75	00 NW 52ND ST, SUITE 100	
		Address	
		MIAMI, FL 33166	
		City/State and Zip Code	
	JORGEMIGUEL900109@		
	E-mail address: (to be used for future annual report no	tification)
For further information	concerning this matter, please c	all:	
Jorge M Gonzalez Rodriguez		915 8674649	
Name	of Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for	the 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)
<u>Mailing Address:</u> Registration Section		Street Address: Registration Se	ection
Division of Corporations		Division of Co The Centre of	
P.O. Box 6327 Tallahassee, FL 32314			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 KT 12 FH 3: 24 THE BULLET LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 10/13/2021 The Articles of Organization for this Limited Liability Company were filed on _____ ___ and assigned Florida document number _____L21000447786 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 2515 W 8th Ct Enter new principal offices address, if applicable: Hialeah, FL 33010 (Principal office address MUST BE A STREET ADDRESS) 515 W 8th Ct Enter new mailing address, if applicable: Hialeah, FL 33010 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: 2515 W 8th Ct New Registered Office Address: Enter Florida street address Hialcah _. Florida ___

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.

City

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 21 F. 10 P.	ز ع: ک ^{ای} <u>Type of Action</u>
Р ч	Jorge M Gonzaltz Rodriguez	2515 W 8th Ct	-
		Hialeah, FL 33010	□Remove
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iffective da	ate, if other than the date of	f filing: (optional)
f an effective	date is listed, the date must be speci	ffiling: (optional) ific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) s not meet the applicable statutory filing requirements, this date will not be listed as the
iocument's	effective date on the Departme	nt of State's records.
	cifies a delayed effective date, b	out not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d is filed.		
Dated	November 2nd	2021
Jaieu		 FD
_		<u> </u>
	Signatur	te of a member or authorized representative of a member
		Jose M Gonzalez Rodriguez
_		Typed or printed name of signee

Filing Fee: \$25.00