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R. HUNT 04/25/23

COVER LETTER

TO: Registration Division of C			
SUBJECT:	Bull-Force Name of Lin	tauling, LLC nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Anya R	Name of Person	
		Firm/Company	
	3210 SW 65th	Avc. Address	
	Miramar, FL =	3302 3 City/State and Zip Code	
		yanco can to be used for future annual report noti	dication)
For further information	concerning this matter, please c	all:	
Anya Payne-	Daniel of Person	at (<u>154</u>) <u>215-6118</u> Area Code Daytim	be 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)
Mailing Adde	nd e	Stunet Addungs	

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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 Company as it n	ow nonears on our records)			
(Name of the Limited Liability Company as it n (A Florida Limited Liability C	Company)			
The Articles of Organization for this Limited Liability Company were fil	ed on <u>January 10, 2022</u> and assigned			
Florida document number 1220000(827)	, .			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability con	npany here:			
Bull-Force Movers and Multiservices, LLC				
The new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "L.L.C." or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
	22 N (m)			
Enter new mailing address, if applicable:	ည ပ ာ			
	Els E			
(Mailing address MAY BE A POST OFFICE BOX)	LA O			
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, <u>enter the name of the new registere</u>			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
City				

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 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
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in effective date	is listed, the date r	nust be specific a	nd cannot be pri	or to date of filin	g or more than 9	0 days after filin	g.) Pursuant to 60	5.0207
	te inserted in this ective date on the				y filing require	ments, this dat	e will not be his	sted as
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		10	A					
		Signature of	a member or au	horized represer	ntative of a memi	ber		
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