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(((H220003839913)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC
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Phone : (888)462-3453
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ZOZ NOV 10 PM 1:51 SECRETARY OF STATE

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: EFILE1234@INCFILE.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CRYPTOBULLSCLUB.SPACE LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

TO: Registration Section

COVER LETTER

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Division of Corp	porations		
		SCLUB SPACE LLC	
SUBJECT:	Name of Limi	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	
	17350 STATE HWY 249 S	TTE 220	
		Address	
	HOUSTON, TX 77064		
	EFILE1234@INCFILE.CO	City/State and Zip Code	
		to be used for future annual report not	fication)
For further information c	oncerning this matter, please co	all:	
LOVETTE DOBSON		at ()	3
Name o	t Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ie following amount:		
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration	Section	Street Address: Registration Se	
Division of C P.O. Box 631	•	Division of Co The Centre of	•
Tallahassee,			pe Street, Suite 810

Tallahassee, FL 32303

11/10/2022 06:17:38 CST

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CRYPTOBULESCLUB.SPACE 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 Liability Company were filed on 03/14/2022 and assigned Florida document number 1.22000128583
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
BULLSCLUB LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.S."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
"
(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:
New Registered Office Address:
Enter Florida street address
, Florida
Caty 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.

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H22000383991 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	SHIMAA ELTOHAMY	1225 RIVERSIDE DR APT 502,	□Add
		CORAL SPRINGS, PL 33071.	≡Remove
			□Change
AMBR	SHAHINDA EL TOHAMY	1225 RIVERSIDE DR APT 502,	□Add
		CORAL SPRINGS, FL 33071.	
		 	□Change
AMBR	NATALYA ESAULENKO	1225 RIVERSIDE DR APT 502,	□Add
		CORAL SPRINGS, FL 33071.	Remove
			☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
			□Remove
			Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change

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ffective date, if other than the an effective date is fisted the date must solve. If the date inserted in this blood bournent's effective date on the Defective date on the Defective date.	ick does not meet the applicab	date of filing or more than 90 da de statutory filing requiremen	(optional) ys after filing) Pursuant to 605.020 hts, this date will not be listed (
record specifies a delayed effective d is filed.	date, but not an effective tim	e, at 12:01 a.m. on the earlie	r of: (b) The 90th day after th
November 09 Dated	. 2022	_ •	
	\mathscr{T}	Potal	
	Signature of a member or authori	ized representative of a member	