## L22000163294

(D.	equestor's Name)	
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(Ac	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
Rob Buller	dick LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ndence concerning this matter	-	
		Name of Person	
	ZenBusiness INC		
		Firm/Company	
	336 E. College Ave Suite	301	
	-	Address	
	Tallahassee, FL 32301		
	fulfillment@zenbusiness.cc	City/State and Zip Code	
		to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please c	all:	
c/o ZenBusiness INC		844 493-6249 at ( )	
Name o	f Person		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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	tion
Registration S Division of C		Registration Sec Division of Corp	
P.O. Box 632	7	The Centre of Ta	allahassee
Tallahassee, FL 32314 2415 N. Monroe Str		Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rob Bullerdick LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records Liability Company)	<u>.)</u>
The Articles of Organization for this Limited Liability Company	were filed on 04/05/2022	and assigned
lorida document number 1.22000163294		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
Bullerdick Financial Group LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<b>7022</b> SEC
		E B T
		19
nter new mailing address, if applicable:		ASS. TO
Mailing address MAY BE A POST OFFICE BOX)		ΞΞ ω
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. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	orida
	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.

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>	<u>Address</u>	Type of Action
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		<del>.</del>	□Remove
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		<del></del>	□Add
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Effective date, if other than the d (If an effective date is listed, the date must   Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet tl	ie applicable stati	tiling or more than 90 tory filing requiren	(optional) days after filing.) Pursuan ents, this date will not	t to 605.0207 (3)(be listed as the
he record specifies a delayed effective ord is filed.	date, but not an ef	fective time, at 12	:01 a.m. on the earl	ier of: (b) The 90th d	ay after the
Dated December 12th	20:	22			
	Rob Bullerdick				

DD: D 0550