Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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Account Number : 120000000019 : (305)552-5973 Phone

Fax Number : (305)675-5944

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BULULU CREATIONS LLC**

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BULULU CREATIONS LLC (Name of the Limited Liability (A Florida	ty Company a Limited Lia	as it now appears on the company)	our recards.)		
The Articles of Organization for this Limited Liability C				and assign	ıed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim					
The new name must be distinguishable and contain the words "Lin	mited Liabilit	y Company," the design	nation "LLC" or the ab	breviation "L.L."	C."
Enter new principal offices address, if applicable:	•				
(Principal office address MUST BE A STREET ADD	RESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)		· <u>··</u>			
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office a <u>c</u> :	ddress on our reco	ords, <u>enter tlæ nar</u>	ne of the new 2022 SE	registered
Name of New Registered Agent:				9941 T	<u>ــر — ـــــــــــــــــــــــــــــــــ</u>
New Registered Office Address:		Enter Florida	street address	7 PH 2	AND YEL
		City	, r 10,308 _	Zlp Cods	 .
Non-Paglatored Agent's Shonature, if changing Regist	ered Agent:	1		· · · O	

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.

3052201440

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

Title	<u>Name</u>	Address	Type of Action
AMBR	ANA V SANTELICES	15205 DUNBARTON PLACE	■Add
	-	HIALEAH, FL 33016	Remove
			□Change
			□Add
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lective date, if other than a color the date is listed the date is listed.	in the date of filing: Late must be specific and cannot be prior to date of filing is more than 90 days after filing.) Pursuant to this block does not meet the applicable standary filing requirements, this date will not be the Defeatment of State's records:
tes If the date inserted in	this plack does not meet me appoints:
ecord specifies a delayed e	effective date; butinot an effective time; at 12:01 a.m. on the earlier of: (b); The 90th da
is-filed.	
SEPTEMBER 2	2022
8 10 0	

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