Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.

Account Number : 072720000036 Phone : (407)843-4600 Fax Number : (786)901-8020

Attn: Tami D. Passley

ਰਿਸ਼ਾ ਹੈ ਹੈ ਰਿਸ਼ਾ ਰੁਪਾਰ ਸਾਹਿਤ business entity to be used for fu annual report mailings. Enter only one email address please.** ਯੂਨੂੰ 建新ter the email address for this business entity to be used for future

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Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BULL STREET ADVISORS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

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Corporate Filing Menu

HelpMAR 0 4 2023

K. Brumbley

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bull Street Advisors, LLC		
(Name of the Limited Liability Con (A Florida Limit	noany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	iny were filed on <u>02/03/2023</u>	and assigned
Florida document number L23000054936		•
This amendment is submitted to amend the following:		
A. If amending name, enter the new pame of the limited I	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7072
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new malling address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	-	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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>	Address	Type of Action
MGR	Earl Scott Bullock	1700 Flamingo Drive	■Add
		Orlando, FL 32803	□Remove
			□Change
	-		□Add
			□Rcmove
			□ Change
			□Add
			□Remove
			☐ Change
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ocument's effective	date on the Departmen	nt of State's record	S.		
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is filed.	erayed errective date, o	ut not an enective	time, at 12.01 a,m	. On the earner or, (c) The 90th day after the
March 2	1	2023			
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ated March 2	2				
ated	Signatur	e of a member or aut	horized representati	ve of a member	

Filing Fee: \$25.00