

L23000 143340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

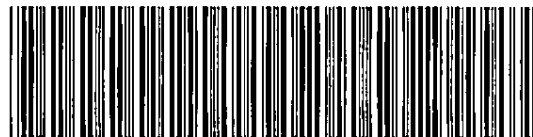
(Business Entity Name)

(Document Number)

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2023 APR 13 PM 12:06  
CLERK OF THE STATE  
TALLAHASSEE, FL

RECEIVED  
2023 APR 13 AM 10:10  
TALLAHASSEE, FL

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 04/13/2023  
Acc#I20160000072

*en: c SW*

Name:	Bullock Tice Associates, LLC
Document #:	
Order #:	14886535

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Certified Copy of	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

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Availability _____
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W.P. Verifier _____
Ref# _____

Amount: \$ 55.00

Thank you!

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bullock Tice Associates, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jenese Beckstrom (504) 582-8498

\_\_\_\_\_  
Name of Person

Jones Walker LLP

\_\_\_\_\_  
Firm/Company

201 St. Charles Ave.

\_\_\_\_\_  
Address

New Orleans, LA 70170

\_\_\_\_\_  
City/State and Zip Code

jbeckstrom@joneswalker.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jenese Beckstrom

504 582-8498  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime 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 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 14, 2023

CT CORP

**CORRECTED**  
**Please Allow For**  
**Same File Date**

SUBJECT: BULLOCK TICE ASSOCIATES, LLC  
Ref. Number: L23000143340

We have received your document for BULLOCK TICE ASSOCIATES, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the address for the Registered Agent.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 523A00008420

RECEIVED  
2023 APR 17 PM 3:13  
ADMINISTRATIVE

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION **FILED**  
OF

2023 APR 13 PM 12:06

Bullock Tice Associates, LLC

(Name of the Limited Liability Company as it now appears on our records.) **STATE OF FLORIDA**  
(A Florida Limited Liability Company) **TALLAHASSEE, FL**

The Articles of Organization for this Limited Liability Company were filed on 03/27/2023 and assigned Florida document number 1.23000143340.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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: C T Corporation System

New Registered Office Address: 1200 South Pine Island Road, Plantation, Florida 33324

*Enter Florida street address*

Plantation, Florida 33324

*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.*

  
\_\_\_\_\_  
**Changing Registered Agent, Signature of New Registered Agent**

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>	<u>Type of Action</u>
AMBR	BTA HOLDCO, INC.	909 EAST CERVANTES STREET	<input type="checkbox"/> Add
		PENSACOLA, FL 32501	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	AEC Operations, LLC	400 Convention Street, Suite 1010	<input checked="" type="checkbox"/> Add
		Baton Rouge, Louisiana 70802	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2023 APR 13 PM 12:06  
SECRETARY OF STATE  
TALLAHASSEE, FL

2023 APR 13 PM 12:06  
OFFICE OF STATE  
PAINT, FL

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated April 12, 2023

Signature of a member or authorized representative of a member

Typed or printed name of signee

E1155 - 12/16/2021 Wolters Kluwer Online