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PICK-UP	MAIL MAIL
(E	Susiness Entity Name)
(D	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer;
	J. HORNE MAY 17 2023

Trice Use Only



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2023 MAY 16 AM 9: 45 SECRETARY OF STAIL FALLAHASSEC, FINAL

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RECYENE OF STATE



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I20000000088

Date:05	/16/2023	
Name:	Chris Vick	_
Reference #:	2001762	_
Entity Name:	BULLOCK TICE	ASSOCIATES, LLC
	f Incorporation/Authorization	
✓ Amendm	ent	
Change of	of Agent	
Reinstate	ement	
Conversi	on	
☐ Merger		
Dissolution	on/Withdrawal	
Fictitious	Name	
✓ Other	CERTIFIE	D COPY UPON FILING
Authorized Amo Signature:	unt: \$55.00	

F: +852.2682.9790



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	05/16/2023	
Name:	01 : 1/: 1	_
Reference #	2001762	_
Entity Name	BULLOCK TICE	ASSOCIATES, LLC
	es of Incorporation/Authorization	
✓ Amer	ndment	
Chan	ge of Agent	
Reins	statement	
Conv	ersion	
☐ Merge	er	
Disso	olution/Withdrawal	
Fictiti	ous Name	
✓ Other	CERTIFIE	D COPY UPON FILING
Authorized A	Amount: \$55.00	

COVER LETTER

TO: Registration Sec Division of Corp	tion orations		
SUBJECT: Bullock Tice	Associates LLC	_	
SUBJECT: Builder Free	Name of Limite	d Liability Company	
	Amendment and fee(s) are subm		
Please return all correspon	ndence concerning this matter to	the following:	
	Jenese Beckstrom, 504-58	2-8498 Name of Person	
	Jones Walker LLP	Firm/Company	
	201 St, Charles Ave., Suite	5100 Address	
	New Orleans, LA 70170	City/State and Zip Code	
	jbeckstrom@joneswalker.cc	om	
	E-mail address: (t	o be used for future annual report notif	fication)
For further information c	oncerning this matter, please ca	li:	
Jenese Beckstrom		at (504) 582-8498 Area Code Daytime	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the			S60.00 Filing Fee,
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		<u>Street Address:</u> Registration Se	ction
Registration Division of C		Division of Cor	rporations
P.O. Box 632		The Centre of T	Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF ANIL. TO ARTICLES OF ORGANIZATION 2023 MAY 16 AM 9: 44 OF SECRETARY OF STATE LALLAGESEE, LEGT

Bullock Tice Associates, 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 v	vere filed on 03/27/2023	and assigned
Florida document number L23000143340		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC	C" 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 a agent and/or the new registered office address here:	ddress on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
	City	Florida
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	neriorinance of my auties, i	una t um juminum mini m

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docum 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>	Name	Address	Type of Action
MGR	Gerald D. Hebert, II	501 Government Street, Suite 200	⊠Add
		Baton Rouge, Louisiana 70802	П Сеточе
		<u>, — </u>	
			🖸 Add
			Remove
			□ Change
			□Add
			Remove
			[Change
			□Add
			Remove
			□Add
			Remove
			Change
			□ Add
			□Remove
			Change

Effective date, if other than the date of filing: (optional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records. He record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the cartier of: (b) The 90th day after the ord is filed. Dated May LL , 302.72 Signature of a member or authorized representative of a member		
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Signature of a member or authorized representative of a member	Dated	May 16, 2023
Signature of a member or authorized representative of a member		
		Signature of a member or authorized representative of a member

Filing Fee: \$25.00