## L23000204174

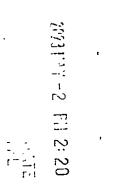
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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration So Division of Cor					
	truction LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	David Cruz				
		Name of Person			
	DC Accounting Services I	PA		f Status & py	
	Firm/Company				
	219 Crystal Grove Blvd				
		Address			
	Lutz FL 33548			202	
		City/State and Zip Code	<del></del>		
	deruz@daecountingpa.com			: 1	
	E-mail address: (	to be used for future annual report no	tification)	1.5	
For further information of	oncerning this matter, please c	all:		골	
David Cruz		813 345-8503		2: 2:	
Name o	f Person		me Telephone Number	<del></del> ,, O	
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cop	of Status & Opy	
Mailing Addres		Street Address: Registration Se	ection		
Registration Section Division of Corporations		Division of Co			
P.O. Box 632	27	The Centre of Tallahassee			
Tallahassee, I	FL 32314	2415 N. Monre	oe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BULLS CONSTRUCTION LLC	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{04}{2}$ . Florida document number $\frac{L23000204174}{L23000204174}$ .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	ere:
The new name must be distinguishable and contain the words "Limited Liability Company," the d	esignation "LLC" or the abbreviation LLC."
Enter new principal offices address, if applicable:	- E2
(Principal office address MUST BE A STREET ADDRESS)	12
Enter new mailing address, if applicable:	2:
(Mailing address MAY BE A POST OFFICE BOX)	7 7 0 m
B. If amending the registered agent and/or registered office address on our reagent and/or the new registered office address here:	ecords, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	ida street address
	, Florida

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.

City

If 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>	Address	Type of Action
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			Remove
			Change
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n effective date is listed,	the date must be specifi	ic and cannot be prio	r to date of filing or	more than 90 days a	fter filing.) Pursuant to 60:	5.020
cument's effective da	te on the Department	not meet the appile t of State's records	cable statutory iii s.	ing requirements,	this date will not be list	ied a
ecord specifies a delay	ed effective date bu	t not an effective t	ime at 12:01 a.m	on the earlier of	(b) The 90th day afte	se th
is filed.	out of the same, ou	t not an enective t		. on the carrier or	(b) The 90th day afte	.1 (11)
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April 27	_/ //	2023			26231	
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	Signature	of a member or auth	orized representati	e of a member		
	<i>)</i> ~ l				:	
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Filing Fee: \$25.00