L23000326611

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2023 SEP 1.3 FH 5: 28

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Bullsly Cleaning Service LC 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:
Parad Aller Name of Person
Bullseye Cleaning Service U.C.
9455 103Rd ST. Apt. 724
Jachsonile, Fl. 30210 City/State and Zip Code
therese all 1982@gmcil.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (901) 520 - OLSY Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$ \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$\$\$\$\$\$ \$= \$60.00 Filing Fee, \$\$\$ \$Certified Copy \\ \text{(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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pullseye Classing	Service LLC	2023 SEP 13 PH 5: 28
(Same of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23003a 6611</u>	were filed on $\frac{7}{10}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	D/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	_ DIA	
(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, enter the na	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zin 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 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

Title	<u>Name</u>	Address	Type of Action
MGR	Prashard Allen	9455 103Rd ST.	I I Add
		Apt. 724	□Remove
		Jacksonville, Fl. 322	1○ □Change
AMBR	Pachel Allen	9455 103ed ST.	©Add
		Apt. 724	□Remove
		Jacksonville FL 32	Q
Ambe	Prashard Allen	9455 103Rd St.	[[] Add
		Apt. 724	□Remove
		Jacksonville, Fl. 32210	□Change
			□Add
			□Remove
		 	[] Change
			□Add
			🗆 Rеточе
			□Change
			□ Add
			□Remove
			Change

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Hective o an effective	date, if other than the date of filing: (optional) c 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 605.02
<u>ote:</u> If th	e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
ocument's	s effective date on the Department of State's records.
record spo is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is med.	
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med	· · · · · · · · · · · · · · · · · · ·
	Signature of a member or authorized representative of a member Rashard Aller Typed or printed name of signee
	,
-	Signature of a member or authorized representative of a member

Filing Fee: \$25.00