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## **COVER LETTER**

**Registration Section** 

**Division of Corporations** 

Tallahassee, FL 32314

TO:

BLACK B	ULLS TRUCKING LLC				
	Name of Lim	ited 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:			
	Luis Flores				
		Name of Person			
	ZenBusiness INC				
		Firm/Company			
	336 E. College Ave Suite	301			
	- <del>-</del> -	Address			
	Tallahassee, FL 32301				
	-	City/State and Zip Code			
	fulfillment@zenbusiness.cc	om to be used for future annual report no	tification)		
For further information c	oncerning this matter, please c	·			
e/o ZenBusiness INC		844 493-6249			
Name of Person		at () Area Code Daytir	ne Telephone Number		
Enclosed is a check for the	ne 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 Addres		Street Address:			
Registration 5 Division of C		Registration Section Division of Corporations			
P.O. Box 632		The Centre of	•		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Company as it</u> (A Florida Limited Liability)	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fillorida document number $\frac{L23000494048}{L}$ .	led on 2023-10-30 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	mpany here:
Black Bulls Renovations LLC	
he new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	r - 1
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	2
	- 1
	- !
3. If amending the registered agent and/or registered office address	
gent and/or the new registered office address here:	.2) C0
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
Cin	

New Registered Agent's Signature, if changing Registered Agent:

BLACK BULLS TRUCKING LLC

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

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
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<u>Note:</u> If the da	ate inserted in th	is block does not	ing:	to date of filing or able statutory fili	more than 90 days after ng requirements, this	onal) tiling.) Pursuant to 605.020 s date will not be listed a
	ies a delayed effe	ective date, but n	ot an effective ti	ne, at 12:01 a.m	, on the earlier of: (b	) The 90th day after the
rd is filed.			2023			
rd is filed.		Γ. TRAYE				
rd is filed.		Γ. TRAYE			e of a member	