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Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

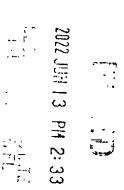
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06/13/22--01030--025 **10.00

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Cf 6/14/2024

COVER LETTER

RECEIVED

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

2022 APR -6 PM 12: 05

NAME OF CORPORATION: PULLERZ INC			SECRETARY OF STATE TALLAHASSEE, FL	
	BER: P20000052867			TALLAMASSEE.FL
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	MANUEL JONES			
		Name of Contact Persor	1	
	PULLERZ INC			
		Firm/ Company	_	
	10312 Bloomingdale Ave Blo	dg 108 #167		
		Address		
	Riverview, FL 33578			
		City/ State and Zip Code	e	
	info@pullerz.com			
	E-mail address: (to be us	sed for future annual report	notification)	_
For further information	on concerning this matter, pleas	se call:		
MANUEL JONES		at (750-8486	
Name of Contact Person		Area Co	de & Daytime Telepho	ne Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of State Certified Copy (Additional Copy is enclosed)	ıs
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



April 16, 2022

MANUEL JONES 10312 BLOOMINGDALE AVENUE BLDG 108 #167 RIVERVIEW, FL 33578

SUBJECT: PULLERZ INC Ref. Number: P20000052867

We have received your document for PULLERZ INC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

There is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 422A00008937

Claretha Golden Regulatory Specialist II

2022 MAY 23 PM 12: 0

www.sunbiz.org

Division of the second of the



February 25, 2022

MANUEL JONES 10312 BLOOMINGDALE AVENUE BUILDING 108 #167 RIVERVIEW, FL 33578

SUBJECT: PULLERZ INC Ref. Number: P20000052867

We have received your document for PULLERZ INC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

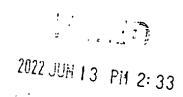
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 222A00004751

Claretha Golden Regulatory Specialist II

www.sunbiz.org

Articles of Amendment to Articles of Incorporation of



PULLERZ INC

(Name of Corporation as cu	urrently filed with the Florida Dept. of State)
P20000052867	E.FL
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statute its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	tion:
	The new
	tion," "company," or "incorporated" or the abbreviation "Corp.," Co". A professional corporation name must contain the word 1 "P.4."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>	9
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. 16didid	To address in Classical and a second a second and a second a second and a second a second and a second and a second and a
 If amending the registered agent and/or registered office new registered agent and/or the new registered office a 	
Name of New Registered Agent	
rane of new negative wayers	
(Flo	lorida street address)
New Registered Office Address;	Charles
New Registerea Office Address.	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	
	and the point of t
	All District Liver Colors
Signature of	f New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer: S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	MGR	KENYA WOODARD	210 S MELVILLE AVE
Add			TAMPA, FL 33606
X Remove			
2) X Change	D .	MANUEL JONES	10312 BLOOMINGDALE AVE
Add			BLDG 108 STE 167
Remove 3) X Change	D	MANUEL JONES	RIVERVIEW, FL 33578 10312 BLOOMINGDALE AVE
Add			BLDG 108 STE 167
Remove			RIVERVIEW, FL 33578
4) Change		_	-
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)	here:		
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an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification ndment if not contain	n, or cancellation ined in the amend	of issued shares, Iment itself:	
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	01/15/2022	
The date of each amendmendate this document was signe	· · · · · · · · · · · · · · · · · · ·	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date will the Department of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/we action was not required.	ere adopted by the incorporators, or board of directors without shareholder action and	l shareholder
	were sufficient for approval.	
	ere approved by the shareholders through voting groups. The following statement ded for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	es cast for the amendment(s) was/were sufficient for approval	
by	; ·	
	(voting group)	
Dated	M. Jan	
Signature	m. fin	
(By a director, president/or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
	MANUEL JONES	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	