P22000052776

(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: BULL FINANCIA	L, CORP		
DOCUMENT NUM	BER: P22000052776			
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	ROBERTO PUENTE			
		Name of Contact Persor		
	BULL FINANCIAL, CORP			
		Firm/ Company		
	2000 PONCE DE LEON BL'	• •		
		Address		
	CORAL GABLES, FL 33134	1		
		City/ State and Zip Code		
	bullfinancialus@gmail.com			
	- -	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:at (3015509	
Name	of Contact Person	Area Co	de & Daytime Telephone Nur	nber
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	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	2021 JUN 25 PM 2: 21
Am Div P.O	endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 816	PH 2:21

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

BULL FINANCIAL, CORP

(Name	of Corporation as curren	tly filed with the Florida Dept. of State)
P22000052776		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:	
N/A		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Chartered," "professional association,	Corp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word "
B. Enter new principal office address.		3735 SW 8TH STREET SUITE 207
(Principal office address MUST BE A S	TREET ADDRESS)	CORAL GABLES, FL 33134
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	licable: OFFI <u>CE BOX</u>)	3735 SW 8TH STREET SUITE 207
		CORAL GABLES, FL 33134
D. If amending the registered agent an new registered agent and/or the ne	nd/or registered office ad w registered office addre N/A	dress in Florida, enter the name of the
Name of New Registered Agent		
	(Florida s	treet address)
	N/A	Florida CO
New Registered Office Address:		(City) (Zip Còde) -5
New Registered Agent's Signature, if of I hereby accept the appointment as regis	thanging Registered Ager tered agent. I am familian	nt: with and accept the obligations of the position.
	Signature of New	Registered Agent, if changing
Check if applicable The amendment(s) is/are being filed p	oursuant 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)

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.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1)Change	P	PUENTE, ROBERTO	2000 PONCE DE LEON BLVD. SI
Add			CORAL GABLES 33134
X Remove			
2) Change	P	VICTORY TIRE SHOP INC	3735 SW 8TH STREET SUITE 20:
X Add			CORAL GABLES, FL 33134
Remove Change			
Add			
Remove			20 20 TO TO
4) Change			
Add			- <u> </u>
Remove			<u> </u>
5) Change	 -		<u> </u>
Add			113
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary). (Be specific)	
	··
The state of the s	
an amendment provides for an exchange, reclassification, or cancel	lation of issued shares,
provisions for implementing the amendment if not contained in the a	mendment itself:
(if not applicable, indicate N/A)	
	≎E 2021
	FF
	25. 25
	00 PH

	adoption:	, if other than the
date this document was signed. 06	/03/2024	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment fi	ile date)
	(no more than 90 days after amenament)	ne date)
iote: If the date inserted in this ocument's effective date on the	block does not meet the applicable statutory filing requ Department of State's records.	irements, this date will not be listed as the
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without	shareholder action and shareholder
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for sufficient for approval.	the amendment(s)
The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The or each voting group entitled to vote separately on the am	following statement sendment(s):
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	19
., <u> </u>	(voting group)	
06/18/20 Dated		
Signature(By a	director, president or other officer – if directors or officer ted, by an incorporator – if in the hands of a receiver, trus	rs have not been
	inted fiduciary by that fiduciary)	
	ROBERTO PUENTE	
	(Typed or printed name of person signing)	
	PRESIDENT	20
	(Title of person signing)	FALLANY SEE THE
		2: 21 E. F. E.

and the second second