L04000070487

(Ře	equestor's Name)		
(Ad	dress)		
(Ad	(dress)		
(Cit	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificate:	s of Status	
Special Instructions to Filing Officer:			

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2020 HOV 20 AM 8: 07

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 11/20/2020			**WALK IN**
ENTITY NAME BEAR'S	CABIN LLC		
DOCUMENT NUMBER_			
	PLEASE FILE TH	E ATTACHED AND RETURN	
XXXX	Plain Copy		
	Certified Copy		
	Certificate of Status		
f	LEASE OBTAIN THE FO	DLLOWING FOR THE ABOVE ENTITY	
	Certified Copy of Arts	& Amendments	
	Certificate of Good Sta	nding	
	APOSTILLE' / N	OTARIAL CERTIFICATION	
COUNTRY OF DESTINAT	TON		 .
NUMBER OF CERTIFICAT	TES REQUESTED		
TOTAL OWED \$25.00		ACCOUNT #: I2016000007	7 2
Please call Tina at th	e above number for	any issues or concerns. Thank you s	eo much!



November 23, 2020

SUNSHINE STATE

Please Allow For Same File Date

Letter Number: 020A00023525

SUBJECT: BEAR'S DEN, LLC Ref. Number: L04000070487

We have received your document for BEAR'S DEN, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

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.

Yasemin Y Sulker Regulatory Specialist III



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEAR'S DEN, LLC				
(<u>Name of the Limite</u> (.	d Liability Compa A Florida Limited l	iny as it now appears on ou Liability Company)	r records.)	
The Articles of Organization for this Limited Lia Florida document number <u>L04000070487</u>	ibility Company	were filed on <u>09/28/200</u>).1	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
Bear's Cabin, LLC				
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation	on "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applica	ble:	1350 Forrest Ct		
(Principal office address MUST BE A STREET	ADDRESS)	Marco Island, FL 34145		
				2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P.O. Box 5971		101
		Rockford, IL 61125		23
				7
B. If amending the registered agent and/or reagent and/or the new registered office address		address on our records.	enter the name of	the new registered
Name of New Registered Agent:	Corporate Creat	tions Network Inc.		
New Registered Office Address:	801 US Highwa	·		
		Enter Florida stree		
	North Palm Bea	City	, Florida <u>33408</u>	ip Code
New Registered Agent's Signature, if changing Re	gistered Agent:	City	2.1	p Coae
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this company	agent and agree and complete wered agent as pergistered office	performance of my dua provided for in Chapter	ties, and I am famil r 605, F.S. Or, if th	iar with and is document is

Saray Djidji, Special Secretary

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
MGR The Dennis W Lello Living Trust	P.O. Box 5971	□Add	
		Rockford, IL 61125	(☐Remove
			■ Change
			□Remove
			Change
			□Remove
			□Change
			□ Add
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		□ Change	
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			□Remove

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Effective date, if other than the defan effective date is listed, the date must be Note: If the date inserted in this blockdocument's effective date on the Department.	be specific and cannot be prior ask does not meet the applications.	ible statutory filing requiren	(optional) days after filing.) Pursuant to 605.0207 (nents, this date will not be listed as t
record specifies a delayed effective d is filed.	date, but not an effective ti	me, at 12:01 a.m. on the earl	ier of: (b) The 90th day after the
November 19th	2020	_·	
		- 337	
S	ignature of a member or author	rized representative of a member	<u>. </u>
Saray Djidji, Attorney in I	Fact		
		d name of signee	

Filing Fee: \$25.00