165000078312

(Re	equestor's Name)	
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(Ac	ldress)	
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(
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	/ \ \ \



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02/10/21--01012--020 **43.75

07/02/21--01005--004 **60.00



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FLORIDA DEPARTMENT OF STATE.

April 2, 2021

ROBERTO SUERO 717 S COLUMBUS BLVD UNIT 1206 PHILADELPHIA, PA 19147

SUBJECT: BEARTOOTH LLC Ref. Number: L08000078312

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

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: 321A00006953

Querida R Moore Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporation			
subject: <u>Bear</u>	tooth LLC Name of Limite	ed Liability Company	
The enclosed Articles of An	nendment and fee(s) are subm	itted for filing.	
Please return all correspond	ence concerning this matter to	the following:	
	Roberto Su	er o Name of Person	
	Beartooth	LLC Firm/Company	
	717 S. Col	Address	Unit 1206
	Philadelphi	a PA 19147 City/State and Zip Code	
	robsuero Do	be used for future annual report i	notification)
For further information con	ncerning this matter, please ca	11:	
Roberto	Suero	at (<u>407</u>) <u>341</u> -	rime Telephone Number
Name of	. (130.1		
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (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

Beartooth LLC	
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L08000078312</u> .	were filed on August 14, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2
	BI HAY
Enter new mailing address, if applicable:	60 Q 3000
(Mailing address MAY BE A POST OFFICE BOX)	E 2 17
	~ ~
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

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.

City

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
AMBR	Carla M. Suero	717 S. Columbus Blad. Unit	1206 4 Kdd
		Philadelphia, PA 19147	□Remove
			Change
			□Add
			□Remove
			□Remove
			□Change
			🗀 Add
			□ Remove
			Change
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			□Change

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an effective date tote: If the date	is listed, the date to te inserted in this	the date of filin must be specific and s block does not to e Department of S	d cannot be prior t meet the applica	o date of filing or mible statutory filin	ore than 90 days a	otional) fter filing.) Pursuant this date will not b	to 605.0207 (oe listed a s t
d is filed.						: (b) The 90th da	y after the
and Ma	<u>y 21</u>		. 2021	orized representative			
/dicti/	As I	2 A- 1	~ V				

Land Committee Committee