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SECRETARY OF STATE FALLAHASSEE, FLORIO?

DI3MAY31 AMIN:4

B. BOSTICK JUN - **3** 2013 EXAMINER

COVER LETTER

TO:	Registration Section	
	Division of Corporations	

SUBJECT: Bear Construction U.C.

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jorge Alaxandar péroz lopaz Name of Person			
Sluft (Car)			
375 Palmsprings Dr. Apt 110			
Allamonta Springs 32701 City/State and Zip Code	, 4 1	21	
Yyan may fair 2000 @ Hotmail. Com E-mail address: (to be used for future annual report notification)	SECRETARY TALLAHASSE	HAY!	77
For further information concerning this matter, please call:	SSEE	$\frac{\omega}{2}$	-
Sorge Alexander Parez Lopez at (407) 413 4091 Name of Person Area Code & Daytime Telephone Number	E, FLORIDA	AM 11: 41	M

Enclosed is a check for the 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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAR consti	ruction "LLC	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	<mark>any as it now appears o</mark> Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Compan Florida document number (244) 1130006933	y were filed on(2)	初 04/23/2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
N/A		
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company	" the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)	·	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	_N/A	HAY 31 AHII: 42 ARY OF STATE AHASSEE, FLORIDIA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		records, enter the name of the new
Name of New Registered Agent:	Α	
New Registered Office Address: $\sqrt{\Lambda}$		
		Florida street address
	_	, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>	
I hereby accept the appointment as registered agent and agent the provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office company has been notified in writing of this change.	aplete performance of s provided for in Cha	my duties, and I am familiar with and pter 608, F.S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action** <u>Title</u> **Name Address** Joige Alexander parez Lópet 375 palmsprings Dr. X Add MGR Attemonte Springs, Fl. 32701 Remove Remove Remove

D. If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	N/A	
	N/A	
	n/A	
	w/A	
	N/B.	
Dated	05/28/20/3	
	Abut Alun)	_
	Signature of a member of authorized representative of a member	
	Torga Alaxander páraz lópaz Typed or printed name of signee	_
	Page 3 of 3	

Filing Fee: \$25.00

2013 HAY 31 AM II: 42 SECRETARY OF STATE