

# L13000072568

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**FILED**  
13 JUN 21 PM 3:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**  
JUN 24 2013  
**EXAMINER**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FEARLESS LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Darren D. Davis-Kondler  
Name of Person  
Fearless LLC  
Firm/Company  
485 Brickell Avenue Apt 2703  
Address  
Miami FL 33131  
City/State and Zip Code  
d3krdd@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darren D. Davis-Kondler at (305) 987-9805  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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13 JUN 21 PM 3:36

FEARLESS LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on May 17, 2013 and assigned  
Florida document number L13000072568.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

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 608, 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.*

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	13 JUN 21 PM 3: 36	<u>Type of Action</u>
MGRM	Corde D. Robinson	1560 SECRETARY OF STATE CT TALLAHASSEE, FLORIDA		Add
		Woodbridge VA 22191		Remove
MGRM	Tyrown Reiser	690 SW 1 Ct Apt 1923		Add
		Miami FL 33130		Remove
				Add
				Remove
				Add
				Remove
				Add
				Remove
				Add
				Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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13 JUN 21 PM 3:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member



Typed or printed name of signee

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Filing Fee: \$25.00