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FLORIDA DEPARTMENT OF STATE. Division of Corporations

December 21, 2016

DARREN DAVIS-KANDLER 690 SW 1 CT APT 1708 MIAMI, FL 33130

SUBJECT: FEARLESS LLC Ref. Number: L13000072568



We have received your document for FEARLESS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

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) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 816A00027156



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 30, 2016

DARREN DAVIS-KANDLER 690 SW CT, APT 1708 MIAMI, FL 33130

SUBJECT: FEARLESS LLC Ref. Number: L13000072568



We have received your document for FEARLESS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please indicate which name that the company is changing to, can only have one name.

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) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 916A00025531

COVER LETTER

Div	ision of Corpo	rations	
SUBJECT:	FEARLESS L	LLC	
oodyner.		Name of Limited Liability Company	
The enclosed	l Articles of Ar	nendment and fee(s) are submitted for filing.	
Please return	all correspond	lence concerning this matter to the following:	
		Darren D Davis-Kandler	
		Name of Person	
		FEARLESS LLC	
		Firm/Company	
		690 SW 1CT APT 1708	
		Address	
		MIAMI FL 33130	
		City/State and Zip Code	
		FearlessIlc22@gmail.com	
		E-mail address: (to be used for future annual report notification)	
For further in	formation con	cerning this matter, please call:	
Darren D. D	avis-Kandler	305 987-9805 at ()	
	Name of Po		
Enclosed is a	check for the	following amount:	
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

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 ARTICLES OF ORGANIZATION **OF**

FEARLESS LLC (Name of the Limited Liability Compa	ny as it now appears on our record	s.)
(Name of the Limited Liability Compa (A Florida Limited)	Liability Company)	 /
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 liab	ility company here:	
D305 LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	90 SW 3rd Street	
(Principal office address MUST BE A STREET ADDRESS)	Apt 2811	
	Miami, Fl 33130	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Enter new mailing address, if applicable:		里 団
(Mailing address MAY BE A POST OFFICE BOX)		ب ب
		56
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		s, enter the name of the new
Name of New Registered Agent: N/A		
New Registered Office Address:	Enter Florida street addres	55
	, FI	orida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	-r

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.

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>	<u>Name</u>	<u>Address</u>	Type of Action
COO	Dr. Rassaf, Siuosh	Stresemannallee 47 Frankfurt Ger (■ Add
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Effective date, if other than the date of filing:	(optional)
f an effective date is listed, the date must be specific and cannot be prior Note: If the date inserted in this block does not meet the application document's effective date on the Department of State's records.	able statutory filing requirements, this date will not be listed as
e record specifies a delayed effective date, but not The 90th day after the record is filed.	t an effective time, at 12:01 a.m. on the earlier of
Dated November 19, 2016	
	ortzed representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00