# 213000115784

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### **COVER LETTER**

· TO:

Registration Section Division of Corporations

Subject. Golden Bear Export / Import 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:

## Jaymayra Rivera

Name of Person

# Hands On Learning Academy Inc.

Firm/Company

## 3850 Winter Rose Drive

Address

Orlando, FL 32808

City/State and Zip Code

jamayrarivera\_7@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

# Jaymayra Rivera

<sub>37</sub>407<sub>、</sub>293-4366

Name of Person

Area Code & Daytime Telephone Number

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

Golden Bear Export / Import LLC		<del></del>
( <u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number LI3000115784	Company were filed on 8/16/20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the w"L.L.C."	vords "Limited Liability Company," (	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	<u>ORESS)</u>	ুম
		ST ST THE
Enter new mailing address, if applicable:		CT T
(Mailing address MAY BE A POST OFFICE BOX)		Tongar.
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		ecords, enter the name of the new
registered agent and/or the new registered office ac	auress nere.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter F	orida street address
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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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 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

<u>Title</u>	<u>Name</u>	Address <u>T</u>	ype of Action
MGRM	Ximena A. Elias	3850 Winter Rose Drv.	Add
		Orlando , FL 32808	Remove
MGRM	Maria J. Rodriguez	3850 Winter Rose Drv.	Add
		Orlando , FL 32808	Remove
MGRM	Maria P. Perez	3850 Winter Rose Drv.	Add
		Orlando, FL 32808	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
• .	•
Dated	· · · · · · · · · · · · · · · · · · ·
	MMaley J
	Signature of a member of authorized representative of a member
	Julio Hanze Sr, MGRM
	Typed or printed name of signee
	Page 3 of 3

Page 3 of 3

Filing Fee: \$25.00

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