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COVER LETTER

TO: Registration Sect Division of Corpo		,	
SUBJECT: B.E.A.R. C	onsulting LLC		
		ited Liability Company	
	mendment and fee(s) are sub-	-	
Trease retain an estrespone	series concerning and market	to the following.	
	Shiva Kangoo		
		Name of Person	
	B.E.A.R. Consulting L	LC	
		Firm/Company	
	365 Coventry St		
		Address	
	Boca Raton, FL 33487		
		City/State and Zip Code	
	bearconsulting13485@gr	nail.com to be used for future annual report notific	cation)
For further information con	cerning this matter, please ca	·	
Shiva Kangoo		_{at (} 561 ₎ 7165728	
Name of P	erson	at (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

B.E.A.R. Consulting LLC			2026: 1-6 1:11:22
(<u>Name of the Limi</u>	ted Liability Compa (A Florida Limited l	iny as it now appears on our reco Liability Company)	rds.) 11: 22
The Articles of Organization for this Limited L. Florida document number <u>L19000136487</u>	iability Company	were filed on May 21, 2019	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company " the designation "LI	C" or the abbreviation "L. C."
Enter new principal offices address, if applic		365 Coventry St.	22 of the device (matter) Entrace
Principal office address MUST BE A STREET ADDRESS)		Boca Raton, FL 33487	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	BOX)	365 Coventry St. Boca Raton, FL 33487	
B. If amending the registered agent and registered agent and/or the new registered o	-	<u>e</u> :	ds, enter the name of the ne
New Registered Office Address:	365 Coventr	y St.	
	Enter Florida street address		
	Boca Raton	, I	Florida <u>33487</u>
		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 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>	Address	Type of Action
			Remove
			Change
			☐ Add
			Remove
			Change
			Add
			□ Remove
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			Remove
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Effectiv	e date, if other than the date of filing:	:	(optional)	
Note: 1	re date, if other than the date of filing: etive date is listed, the date must be specific and of the date inserted in this block does not ment's effective date on the Department of States.	eet the applicable statut	iling or more than 90 days after filing.) Proor filing requirements, this date wi	arsuant to 605.0207 (Il not be fisted as t
	ord specifies a delayed effective da 90th day after the record is filed.	ate, but not an effe	ective time, at 12:01 a.m. on	the earlier of:
Dated				
-		Silvy		
		nember or authorized repre		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00