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r Necessities LLC		
	ited Liability Company	
Amendment and feets) are sub-	mitted for fi∳ine	
Justin J Peyton		
	Name of Person	
Peyton's Bear Necessities I	.1.C	
	Firm/Company	
1108 Madrid Rd		
	Address	.
Rockledge/FL 32955		
	City/State and Zip Code	
Nitsuj32955@yahoo.com		
		ancadon)
	321 458-5350	
Person	Area Code Dayti	me Telephone Number
e following amount:		
☐ \$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)
	Street Address: Registration S	ection
orporations	Division of Co	orporations
7 FL 32314		Tallahassee oe Street, Suite 810
	Name of Limi Amendment and fee(s) are substandence concerning this matter Justin J Peyton Peyton's Bear Necessities I 1108 Madrid Rd Rockledge/FL 32955 Nitsuj32955@yahoo.com E-mail address: (concerning this matter, please concerning this matter this please concerning	Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Justin J Peyton Name of Person Peyton's Bear Necessities LLC: Firm/Company 1108 Madrid Rd Address Rockledge/FL 32955 City/State and Zip Code Nitsuj32955@yahoo.com E-nual address: (to be used for future annual report no oncerning this matter, please call: 1

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Peyton's Bear Necessities LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our record ed Liability Company)	<u>ds.</u> 1
The Articles of Organization for this Limited Liability Compa	ny were filed on 09/06/2019	and assigned
lorida document number 1.19000226028		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited li	iability company here:	
en's Bear Necessities LLC		
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC	or the abhreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS		
		S S
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
i. If amending the registered agent and/or registered officent and/or the new registered office address here:	ce address on our records, <u>enter</u>	r the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	
	i,mei 1 un au meet uure	oo.
		lorida
	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
			□Add
			Remove
			□Change
			
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			<u></u>
	12/11/2019		
Tective date, if other than the an effective date is listed, the date muote: If the date inserted in this bluement's effective date on the D	 date of filing: st be specific and cannot be prior lock does not meet the application. 	to date of filing or more than 90 days able statutory filing requirements	optional) after filing.) Pursuant to 605,0207 , this date will not be listed as t
record specifies a delayed effective is filed.	'e date, but not an effective ti	me, at 12:01 a.m. on the earlier o	of: (b) The 90th day after the
December 11th	2019		
- X - X	1 . 100	orized representative of a member	

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Typed or printed name of signee