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Amend

SEP JO 2020 LALBRITTON

COVER LETTER

Division of Corporations THREE LITTLE BEARS, LLC SUBJECT: _ 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: STEVEN R. PALACIO, ESQ. Name of Person NASSEH SIROUNIS LAW, P.A. Firm/Company 640 Bryn Mawr St. Address Orlando, Fl 32828 City/State and Zip Code brian.starks@the3littlebear.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: STEVEN R. PALACIO, ESQ. 407 776-8600 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: S25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THREE LITTLE BEARS, LLC.		
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company value of $\frac{L19000260680}{L19000260680}$.	were filed on October 17, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2070
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		٠.
Mailing address MAY BE A POST OFFICE BOX)		=:
Training manages with SEQTI OST OTTION BOILD		7.
		: :::
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the n</u>	ame of the new regis
Name of New Registered Agent:		
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 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 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
MGR	MATT PEARCE	574 Patricia Dr.	
			■Add
		New Smyrna, FL 32168	
		 	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			_
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			7.1.
		-	□ Add
			□Remove
			DRemove
			Change
			_
			□ Change
			□Add
			□Remove
			□ Change

). If amending any other info	ormation, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
 -	
	
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Note: If the date inserted in the	n the date of filing:
f the record specifies a delayed effector is filed.	Tective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated August	Signature of a member or authorized representative of a member
BRIAN STARKS	

10111 TO 1058.00