# L19000271587

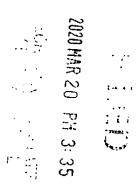
(Requestor's Name)
(Address)
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(Business Entity Name)
(Document Number)
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### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 11, 2020

ERIK ARROYO 2070 RINGLING BLVD SARASOTA, FL 34237

SUBJECT: FEAR NOT, LLC Ref. Number: L19000271587

We have received your document for FEAR NOT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor
Letter Number: 820A00005430

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## **COVER LETTER**

TO:

TO: Registration S Division of Co			
FEAR NO		Name of Person S. P.L.  Firm/Company  Address  City/State and Zip Code DRAMIS.COM be used for future annual report notification) 1:  941 366-8010 at (	
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	ERIK ARROYO		
		Name of Person	
	BAND, GATES & DRAM	IIS, P.L.	
		Firm/Company	
	2070 RINGLING BLVD		
		Address	
	SARASOTA, FL 34237		
		City/State and Zip Code	
	EARROYO@BANDGATE		
For further information	E-mail address: ( concerning this matter, please c	•	ification)
ERIK ARROYO	concerning this matter, preuse c		
		at ( )	
Name	of Person	Area Code Daytin	ne Felephone Number
Enclosed is a check for	the following amount:		
\$\sqrt{\$25.00 Filing Fee}	S30.00 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 Addr Registration		Street Address: Registration Se	ection
<del>-</del>	Corporations	Division of Co	rporations
P.O. Box 63		The Centre of	Tallahassee oe Street, Suite 810
Tallahassee.	, rl 32314	2410 IN. IVIONIC	e succi, sunc 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FEAR NOT LLC		
(Name of the Limited	Liability Company as it now appears on our r Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Lial	bility Company were filed on 10/30/2019	and and assigned
Florida document number L19000271587  This amendment is submitted to amend the follow	ving:	120 HAR 20
A. If amending name, enter the new name of t	he limited liability company here:	ا ا پ ا
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation	"LLC" or the abbreviation cb.L.C." -
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	OX)	
B. If amending the registered agent and/or regagent and/or the new registered office address	here:	
Name of New Registered Agent:	Band, Gates & Do	ianis, P.C.
New Registered Office Address:	Band, Gates 3 De 2070 Ringly Blu Enter Florida street	aldress
	- Coming (	RU) >7

#### 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
MBR	YANNI RICHARD WALLENDA	2000 JOSHUA DR	<b>≣</b> Add
		SARASOTA, FL 34240	□Remove
			□ Change
AMBR	AMADAOS AARON WALLEND.	2000 JOSHUA DR	∄Adđ
		SARASOTA, FL 34240	□Remove
			☐ Change
AMBR	EVITA ADINA WALLENDA	2000 JOSHUA DR	<b>≣</b> Add
		SARASOTA, FL 34240	Remove
			□Change
MER	JOSEPH MASCITTO	14936 SKIP JACK LOOP	🗖 Add
		LAKEWOOD RANCH, FL 34202	■Remove
			Change
			H 0802
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			□Change 3
			Remove

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Effective date,	if other than th	e date of fil	ing:			(opti	onal)		
Note: If the date	is listed, the date me inserted in this l	olock does no	it meet the appl	licable statutory	g or more than v filing requir	90 days after ements, thi	rtiling.) Pursi s date will n	uant to 605 tot be liste	ed as t
document's effe	ctive date on the	Department o	f State's record	ls.					
e record specifie rd is filed.	s a delayed effect	ive date, but r	not an effective	time, at 12:01	a.m. on the e	arlier of: (b	) The 90th	i day afte	r the
Dated	3/11/80	au							
		L.	28/1/1	Horized represen	1	Oa Name	NO /	., 60	$V_{\hat{\mathbf{g}}_{\mathbf{G}}}$
		. Signature of	a member or au	thorized represer	ntative of a me	mber	ropee.	64 V	vey'
		En	Δ Λ						

Committee of the second

Filing Fee: \$25.00