L20 0000 84389

(Requestor's Name)
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,
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(Business Entity Name)
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09/08/20--01019--013 **25.00

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COVER LETTER

	egistration Sec ivision of Corp				
		Fearless Consulting	LLC		
SUBJECT	:	Name of Lim	ited Liability Company		
The enclos	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please retu	ırıı ali correspor	ndence concerning this matter	to the following:		
		Jacqueline M Rosa	ado		
			Name of Person		
		Tax House Miami	LLC		
			Firm/Company		
		301 NE 79th Street #2			
			Address		
		Miami FL 3313	8		
			City/State and Zip Code		
		Jacqui@taxhouse			
Danie Canalana	. i., c		to be used for future annual report	notification)	
		incerning this matter, please c			
Jacqueli	ne M Rosado		786 615-200 at ()		
	Name of	Person	Area Code Da	ytime Telephone Number	
Enclosed is	s a check for the	e 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)	
	<u>lailing Address</u> egistration S		Street Address Registration		
D	ivision of Co	orporations	Division of (Division of Corporations	
	.O. Box 6327 allahassee, F			of Tallahassee nroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fearless Con	sulting LLC	18: -0 P.1 1:56
(<u>Name of the Limited L</u> (A F	iability Company as it now appears or lorida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabil	ity Company were filed on03/1	8/2020 and assigned
lorida document number L20000084389	·	
his amendment is submitted to amend the following	ng:	
a. If amending name, enter the new name of the	limited liability company here:	
he new name must be distinguishable and contain the words	"Limited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u> </u>	
 If amending the registered agent and/or registered office address had 		rds, enter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
_		, Florida Zip Code
	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 authorized or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u> [[§0 FT] 1: 55	Type of Action
p	Maria D Saavedra	18520 NW 67th Avenue #330	□Add
		Miami FL 33015	■Remove
			□ Change
MGR	Maria D Saavedra	18520 NW 67th Avenue #330	= Add
		Miami FL 33015	Remove
			Change
			□Add
			🗆 Remove
			□Change
			□Add
			□Remove
			🗆 Change
			🗆 Add
			Remove
			□Change
			□Add
			□Remove
			□ Changa

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fective date, if other than the date	of filing: (optional)
an effective date is listed, the date must be sp	secific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
	oes not meet the applicable statutory filing requirements, this date will not be listed as t
ocument's effective date on the Departn	nent of State's records.
	, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
September 1	2020
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	g_{α}
\/ //	//.
kibinda	tive of a member or authorized representative of a member
Skindi	tive of a member or authorized representative of a member