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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

Bearplane, 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: Vanessa Koplin Name of Person Bearplane, lic Firm/Company 1004 E Sequoya Dr Address Pueblo West Colorado 81007 (1) City/State and Zip Code vkoplin05@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Vanessa Koplin Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fcc & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bearplane, Ilc		
(Name of the Limited L (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
he Articles of Organization for this Limited Liabil	ity Company were filed on May 26, 2020	and assigned
lorida document number L20000141965		
his amendment is submitted to amend the followir	ıg:	
. 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 designation "LLC" or t	he abbreviation "L.L.C."
nter new principal offices address, if applicable	:	
Principal office address MUST BE A STREET A	DDRESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	(2)
		
. If amending the registered agent and/or regis gent and/or the new registered office address he		name of the new regis
gent and/or the new registered office address he	<u></u>	>. • • •
N. CN. B. Sand A.		==
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Part Phaile and Thomas	
	Enter Florida street uddress	
_	, Florida	Zin 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Daniel Floyd	480 Coconut Palm Pkwy	□Add
		Ponte Vedra, FL 32081	■Remove
			□Change
MGR	Jacob Floyd	10298 MOUNT LINCOLN DRIVE	DAdd
		PEYTON, CO 80831	= Remove
			□Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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rective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of te: If the date inserted in this block does not meet the applicable staturument's effective date on the Department of State's records.	(optional) filling or more than 90 days after filling.) Pursuant to 605.020 utory filling requirements, this date will not be listed as
ecord specifies a delayed effective date, but not an effective time, at 12	2:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	
s filed. Led JULY 8th , 2021. Yawk Consider the Signature of a shember or authorized representation of the state of the	