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(Red	juestor's Name)	
(Add	lress)	
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(City	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	e)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
	Q. SILAS	
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COVER LETTER

Registration Section Division of Corporations

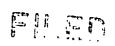
TO:

FAST FOC SUBJECT:	DD BEARS LLC		
SUBJECT.	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JAVIER E GUZMAN VE	LASCO	
		Name of Person	
	FAST FOOD BEARS LLC		
		Firm/Company	
	8350 NW 52ND TER STE	301	
		Address	
	DORAL, FL 33166		
		City/State and Zip Code	
	USTUEMPRESA@GMAII		
	E-mail address: (to be used for future annual report not	ification)
For further information c	concerning this matter, please c	all:	
JAVIER E GUZMAN V	ELASCO	786 340-0372	
Name o	d Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 9 Division of C P.O. Box 632 Tallahassee. 1	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company as it now appears on our records.)



FAST FOOD BEARS LLC

2021 DEC 17 PH 4: 32

The Articles of Organization for this Limited Liability	v Company were filed on 08/04	72021 and assigned		
Florida document number 1.21000351506				
	·			
This amendment is submitted to amend the following	;			
A. If amending name, <u>enter the new name of the l</u>	imited liability company here	:		
NA				
he new name must be distinguishable and contain the words "I	imited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	19370 COLLINS A	AVE 1014		
Principal office address MUST BE A STREET AD	DRESS) SUNNY ISLES BI	EACH, FL 33160		
Enter new mailing address, if applicable:	19370 COLLINS A	AVE 1014		
Mailing address MAY BE A POST OFFICE BOX)	SUNNY ISLES BE	EACH, FL 33160		
If amending the registered agent and/or registe gent and/or the new registered office address here		ords, enter the name of the new regis		
gen and we have required three matters her	<u>·</u>			
Name of New Registered Agent: HIV	HIVE CONNECTION LLC			
New Registered Office Address: 193	70 COLLINS AVE 1014			
	Enter Florida	street address		
SU	NNY ISLES BEACH	Florida 33160		
		Zip Code		

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
AMBR	JOSE D MELENDEZ JANSEN	19370 COLLINS AVE APT 1014	= Add
		SUNNY ISLES BEACH, FL 33160	□Remove
			□Change
NA 	NA	NA	□Add
			□Remove
			□Change
NA	NA	NA	□Add
			□ Remove
NA	NA	NA	
			□Remove
NA	NA	NA	
			□Remove
			□ Change
NA	NA	NA	□ Add
			□Remove
			□Change

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		Signatu	re of a mem	ber or autho	orized repre	sentative of	a member				

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