L23000070773

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A. RAMSEY MAY 31 2023

COVER LETTER

Division of Corp	orations			
BEARI LLC SUBJECT:	٥			
30b)rc1.	Name of Lim	ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	GERENSTEIN, RICARDO) I		
		Name of Person		
	BEARI LLC			
		Firm/Company	 	
	1835 NE MIAMI GARDE	NS DR.#178		
		Address		
	MIAMI FL 33179			
		City/State and Zip Code		
	gerensr@gmail.com	to be used for future annual re		
			eport notification)	
For further information con	ncerning this matter, please ca	alf:		
Ricardo Gerenstein			-4077	
Name of	Person	at () Area Code	Daytime Telepho	ne Number
Enclosed is a check for the	following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enck		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	i.	Street Ad-	dress:	

Registration Section

TO:

Registration Section

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

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



BEARI LLC

2023 APR -6 PM 1: 05

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{02/08/2023}{1}$ and assigned Florida document number L23000070773 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BEARI 49 LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida __ City

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
			□Add
			□Remove
			Change
			□Remove
			□Change
			□Remove
			□Add
			□Remove
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			□Remove
			
			□ Changa

'Page 2'of 3

Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing. Note: If the date inserted in this block does not meet the applicable statutory is document's effective date on the Department of State's records.	
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he record specifies a delayed effective date, but not an effective. The 90th day after the record is filed.	e time, at 12:01 a.m. on the earlier of:
Dated MARCH 31 2023	
Dated	
Signature of a member of authorized representa	
RICARDO GERENSTEIN	tive of a member

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