4/30/25, 6:47 AM

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

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Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BIGBEARCF LLC**

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Help

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COVER LETTER

	ration Section n of Corporations	
BIC SUBJECT:	GBEARCF LLC	
SOBJECT:	Name of Limited Liability Company	
	ticles of Amendment and fee(s) are submitted for filling.	
Please return all o	correspondence concerning this matter to the following: Erik Treutlein	
	Name of Person	
	Legalzoom.com. Inc.	
	Firm/Company	
	11501 Domain Dr., Suite 200	
	Address	
	Austin, TX 78758	
	City/State and Zip Code chado42699@gmail.com	
	E-mail address: (to be used for future annual report notitication)	
For further inform	mation concerning this matter, please call:	
Erik Treutlein	800 773-0888 at ()	
	Name of Person Area Code Daytime Telephone Number	_
Enclosed is a che	eck for the following amount:	
□ \$25,00 Filing	g Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fe Certificate of Status Certified Copy Certificate of S (additional copy is enclosed) Certified Copy (additional copy is	tatus &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

	2025 APR 30 AM 9: 44	
BIGBEARCF LLC	ж. оо на 9: цц	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our regards AHASSEE, FLORIDA	
he Articles of Organization for this Limited Liability Company		
orida document number <u>L25000106770</u>		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	hity Company," the designation "LLC" or the abbreviation "L.L.C."	
Inter new principal offices address, if applicable:	819 Gentle Breeze Dr. Clermont	
Principal office address MUST BE A STREET ADDRESS	FL 34715	
Enter new mailing address, if applicable:	\$19 Gentle Breeze Dr. Clermont	
Mailing address MAY BE A POST OFFICE BOX)	FL 34715	
3. If amending the registered agent and/or registered of	Flice address on our records onter the name of the	
 If amending the registered agent and/or registered of egistered agent and/or the new registered office address her 	· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	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.

/S/			
If Changing Registered Agent	Signature of New	Registered Agent	_

To:	Page: 5 of
10.	 rago. o or

2025-04-30 06:52:09 PDT

LegalZoom.com, Inc.

From: Fahad Shaikh

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	CHAD M PEDERSEN	819 Gentle Breeze Dr. Clermont	
		FL 34715	
			□ Remove
			Change
			Remove
			□ Change
			□ Add
			□ Remove
		.	Change
			Add
			Remove
			☐ Change
			Remove
		 	☐ Change
			☐ Remove
			□ Change

	Page: 6 of 6	2025-04-30 06:52:09 PDT	LegalZoom.com, Inc.	From: Fahad Sh
D. If ame	nding any other informatio	n, enter change(s) here: (Attach a	dditional sheets, if necessary.)	
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E. Effectiv	ve date, if other than the da	te of filing:	(optional)	
(If an effe	ctive date is listed, the date must be	specific and cannot be prior to date of filing	g or more than 90 days after filing.) Pursuant to	605.0207 (3)(b)
	if the date inserted in this block int's effective date on the Depai		filing requirements, this date will not be	listed as the
	·			
If the reco	ord specifies a delayed ef	fective date but not an effect	ive time, at 12:01 a.m. on the ea	rlier of:
	90th day after the record		, =	
Dated _	April 30	2025		
	/S/ Chad Michael F	'edersen		
	Sig	nature of a member or authorized represen	itative of a member	
	Chad Michael Pedersen			
		Typed or printed name of sign	nec	-

Page 3 of 3

Filing Fee: \$25.00