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Office Use Only



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COVER LETTER

TO;		stration Sec sion of Corp					
SUBJEC	CT:	BEAD ENT	ERPRISES (IM) LLC				
			Name of Lin	nited Liability Company			
The encl	osed 2	Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please re	eturn a	II correspon	dence concerning this matter	to the following:			
				Name of Person	 ,		
			The Boolchand Group, LL	.C			
			_	Firm/Company			
			8174 NW 31 Street				
	Address						
			Miami, FL 33122				
			jai@boolchand.com	City/State and Zip Code			
			E-mail address: (to be used for future annual report notif	ication)		
For furthe	er info	ormation con	cerning this matter, please ca	ali:			
		Name of P	erson	at () Area Code Daytime	Telephone Number		
Enclosed	is a cl	neck for the	following amount:				
S \$25.0	00 Filii	ng 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)		

MAILING ADDRESS: Registration Section

P.O. Box 6327

STREET/COURIER ADDRESS: Registration Section Division of Corporations

Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

BEAD ENTERPRISES (IM) LLC

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

SEGRETARY OF STATE The Articles of Organization for this Limited Liability Company were filed on 03/11/20 AHASSEE FE ORISA Florida document number L11000032851 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _. Florida

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 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	JAI NANDWANI	8174 NW 31 STREET, MIAMI, FL 33122	
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11712.	ve date, if other than the date of filing:
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e rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
e rec The	90th day after the record is filed.
e rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed. August 5 2011 Signature of a member or authorized representative of a member