106000 118719

(Requestor's Name)			
(Ad	dress)		
	dress)		
(Ad	uiess)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
· · · · · · · · · · · · · · · · · · ·	siness Entity Nar	ma):	
ud)	siness Entity ivar	ne)	
(Do	cument Number)		
Certified Copies	_ Certificates	s of Status	
			
Special Instructions to	Filing Officer:		
		İ	

Office Use Only



800118602538

02/25/08--01018--022 **55.00

08 FEB 25 PH 2: 33

AL Thomas FEB 2 0 2010

COVER LETTER

TO: Registration Se Division of Cor		***	ı		
SUBJECT: Beacon	ADC, LLC				
Sobject.		ted Liability Company)			
	Amendment and fee(s) are subsondence concerning this matter				
	Carole M. Johnston,	Paralegal (Name of Person)			
	Adler Pollock & Shee	•			
	One Citizens Plaza,	8th Floor (Address)		OB FEB 25 PM 2: 33 SECHELARY OF STATE FLORIDA	
	Providence, RI 0290	(City/State and Zip Code)		25 PM	四四
For further information of	concerning this matter, please c	all:		2: 33 FLOAIDA	
Carole M. Johnsto (Name	n, Paralegal of Person)	at (401) 274-7200 ext (Area Code & Daytime	Telephone Number)		
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fce, Certificate of Sta Certified Copy (additional copy	atus &	

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



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beacon ADC, LLC				
(Name of the Limited I	Liability Company as it now appears on our	records.		
(A)	Florida Limited Liability Company)			
The Articles of Organization for this Limited Lia	bility Company were filed on Decembe	r 13, 2006	and assigned	
Florida document number <u>L06000118719</u>				
	 ·			
This amendment is submitted to amend the follow	wing:			
	······································		0	
			400	
A. If amending name, enter the new name of	the limited lighility company here:		08 FEB 25	
B,	var manute, conspire, note.		是 2	
			岩とい	
The new name must be distinguishable and end with	the words "Limited Liability Company," the	designation "	LLC" or the abbreviation	
"L.L.C,"	,,	J	Mag 3	
			75.5	
			95	
B. If amending the registered agent and/or	r registered office address on our rec	ords, enter	the name of the hew	
registered agent and/or the new registered offi		, 		
Name of New Registered Agent:	Paul J. Battista, Esquire			
	Genovese Joblove & Battista,	P.A.	,	
New Registered Office Address:	Bank of America Tower, Inter	national	Place	
	(Enter Florida street address)			
	100 Southeast 2nd Street, Su			
	Miami,	_, Florida	33131	
	(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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)



MGR = Manager

If amending the Managers or Managing Members on dur records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u> Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Edward L. Maggiacomo, Jr.	400 Reservoir Ave., Suite 2H Providence, RI 02907	Add √ Remove
MGR_	Edward L. Maggiacomo	One Citizens Plaza, 8th Floor Providence, RI 02903	Add Remove
			Add Remove
·			Add PK
			Add FT OF CONTROL
			Add Remove
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_
			<u> </u>
_			
Dated Jan t	1817 Teb. 9, 2008	<u>8</u>	
	Supplied Signature of a member	COULDM 0 For authorized representative of a member	
	Ingeborg Maggiacomo		
	Турес	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00