113000/63155

(Requestor's Name)
(Address)
` <i>,</i>
(Address)
(Address)
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PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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January 22, 2018

CHRISTOPHER GIARRATANA 1332 SEBURN RD APOPKA, FL 32703

SUBJECT: BION MARKETING, LLC

Ref. Number: L13000163155

We have received your document for BION MARKETING, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

RECENT D

Letter Number: 318A00001303

COVER LETTER

	Registration Sec Division of Corp			
eup IF.C		ting, LLC name change to Stra	ntegyBeam, LLC	
SUBJEC	l:	Name of Limi	ted Liability Company	
The enclo	sed Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please ret	um all correspoi	ndence concerning this matter t	to the following:	
		Christopher Giarratana		
			Name of Person	
		Bion Marketing, LLC		
		 	Firm/Company	
		1332 Seburn Road		
			Address	
		Apopka, FL 32703		
			City/State and Zip Code	
		chris@strategybeam.com		
		E-mail address: (t	o be used for future annual report notif	ication)
For furthe	r information co	oncerning this matter, please ca	dl:	
Ayasha C	Giarratana		850 524-0629 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for th	e following amount:	Already paid this amount. See	e letter number 318A00001303
\$25.0	0 Filing 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 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

	_ and assigned
Florida document number L13000163155 This amendment is submitted to amend the following:	_ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
m an animation of countries and and and and and and an animation and and and animation of pages.	
StrategyBeam, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbre	viation "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	e name of the
registered agent and/or the new registered office address here: Name of New Registered Agent:	DIVISION 18 FER
Name of New Registered Agent:	FE 3
	18 FEB - 5 AM
New Registered Office Address: Enter Florida street address , Florida	FE 3

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>	Name	Address	Type of Action
			Add
			Remove
			Change
			Add
			☐ Remove
			☐ Change
 			
		**************************************	Remove
			☐ Change
			Add
			Remove
			Change
			Remove
			☐ Change
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			□ Remove AST
			Chamge Co.
	Page 2 o	ß	H 17

	Typed or printed name of signee	FEB
	Christopher Giarratana	18
	Signature of a member or authorized representative of a member	
_	1. 1. 2. 1	
Dated_	/31/2018	
b) The 9	90th day after the record is filed.	
f the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. or	n the earlie
Note: 1	f the date inserted in this block does not meet the applicable statutory filing requirements, this date wint's effective date on the Department of State's records.	ill not be liste
Effectiv	e date, if other than the date of filing: (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) I	Pursuant to 605.
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