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TO: Registration Section Division of Corporations SUBJECT: Section Section Subject: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing.

Shanya Kovacevich

Name of Person

BeanBrain UC

Firm/Company

1 Progress Plaza - Suite 105

Address

Saint Petersburg FL 33701

City/State and Zig Code

Shanya@ BeanBrain

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Please return all correspondence concerning this matter to the following:

Shanga Kovacevich at (631) 377-0605

Name of Person Area Code Daytime Telephone 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 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

FILED.

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Name of the Limit	led I lebility Company as it now appears of	n our records
(Name Vi tae Edina)	ted Liability Company as it now appears of (A Florida Limited Liability Company)	ir our records.
		Shalania
Articles of Organization for this Limited Li		$\frac{511+2015}{2015}$ and assigned
ida document number <u>L 15000</u>	<u> </u>	
s amendment is submitted to amend the follo	owing:	
If amending name, enter the new name of	f the limited liability company here	:
Bean Brain LL	\mathcal{C}	
new name must be distinguishable and contain the w	vords "Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
ter new principal offices address, if applica	able:	
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If amending the registered agent and/distered agent and/or the new registered of	for registered office address on office address here: Shanya Kova 400 4th Ave S.	acevich #705
If amending the registered agent and/dstered agent and/or the new registered of Name of New Registered Agent:	fice address here: Shanya Kova 400 4th Ave S.	•
If amending the registered agent and/sistered agent and/or the new registered of Name of New Registered Agent:	for registered office address on office address here: Shanya Kova 400 4th Ave S.	acevich #705

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

Page 1 of 3

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

Title <u>Name</u> <u>Address</u> **Type of Action** Caroline Oliver ☐ Change □ Add ■ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add _□ Remove Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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(If an Not e	ctive date, if other than the date of filing:))
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie ne 90th day after the record is filed.	r of:	
Date	od October 16, 2015.		
	Signature of a member or authorized representative of a member		
	Signature of a memorial authorized representative or amoneu		
	Shanya Kovacevich		
	Shanya Kovacevich Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00