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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 : (855)498-5500 Phone : (800)432-3622 Fax Number

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

Emall	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BELLRIDGE CAPITAL, LLC

please give original submission date as file

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H21000438618

	gistration Secti vision of Corpo			
SUBJECT:		CAPITAL, LLC		
Sonsect.		Name of Limite	d Liability Company	
The enclose	d Articles of An	endment and fee(s) are subm	itted for filing.	
Please return	n all correspond	ence concerning this matter to	the following:	
		BORIS KLIMOV		
			Name of Person	-
		BELLRIDGE CAPITAL, LI	LC	
			Firm/Company	
		515 E. LAS OLAS BOULE	VARD, SUITE 120A	
		-	Address	
		FORT LAUDERDALE, FL	. 33301	
			City/State and Zip Code	_
		robertk@bellridgecapital.com		
		E-mail address: (to	be used for future annual report noti	fication)
For further	information con	cerning this matter, please cal	l:	
BORIS KL	IMOV		416 8986142 at ()	
	Name of P	erson	Area Code Dayting	e Telephone Number
Enclosed is	a check for the	following amount:		_
□ \$ 25.00	Filing Fee	Sand Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

(additional copy is enclosed)

Leslie Sellers 8004323622 DocuSign Envelope ID: EF0081FC-E3BD-485E-880F-A1D476C677AB
ARTICLES OF AMENDMENT

TO

H21000438618

ARTICLES OF ORGANIZATION **OF**

BELLRIDGE CAPITAL, LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L16000114838</u>	ny were filed on June 14, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lie	ability company here:	
The new name must be distinguishable and contain the words "Limited Liz	ability Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		
	e address on our records, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:		**************************************
New Registered Office Address:		
New Registered Office Address: Enter Florida street address Solution	FILI C -) Ässe	
	, Florida	Zlp,Code-0
New Registered Agent's Signature, if changing Registered Agen	nt:	2 1 2
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi company has been notified in writing of this change.	ete performance of my duties, and I am is provided for in Chapter 605, F.S. Or,	familiar with and , if this document is
īrc	hanging Registered Agent, Signature of New Re	egistered Agent

Leslie Sellers 8004323622 (07/08) 12/02/2021 03:31:39 PM

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II amenuing Authorized rerson(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 H21000438618

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□ Change
			□Add
			Remove
			Change
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