Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number

(((H210004533593)))

(shown below) on the top and bottom of all pages of the document.



H21000453359349C%

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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

Email	Address:		

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

Certificate of Status	0
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Page Count	05
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Registration Section

Tallahassee, FL 32314

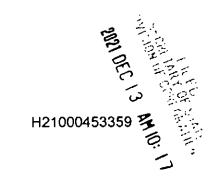
TO:

DocuSign Envelope ID: 2E858B8B-0A54-403E-AFEE-A27AE62CD39D CUVER LETTER

SUBJECT:	Name of Line	ited Lizbility Company		
	Name of Lim	ned Liabinty Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	YURIY SRYBIK			
		Name of Person		
	BELLRIDGE CAPITAL,	LLC		
	Firm/Company			
	515 E. LAS OLAS BOUL	EVARD, SUITE 120A		
		Address		
	FORT LAUDERDALE, FL. 33301			
		City/State and Zip Code		
	yuriy@bellridgecapital.com E-mail address: (i to be used for future annual report not	ification)	
For further information c	oncerning this matter, please ca			
YURIY SRYBIK		647 8332056		
Name o	f Person	at ()	ne Telephone Number	
		-		
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ection	
Division of C		Division of Co		
P.O. Box 632		The Centre of		
Tallahassee, I		2415 N. Monro	pe Street, Suite 810	

Tallahassee, FL 32303

DoouSign Envelope ID: 2E858BBB-0A54-403E-AFEE-A27AE62CD39D
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF



BELLRIDGE CAPITAL, ŁLC		
(Name of the Limited	l Liability Company as it now appears on our in A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Lia Florida document number L16000114838	bility Company were filed on June 14, 20	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST RE A STREET	ADDRESS)	
	-	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	
B. If amending the registered agent and/or reagent and/or the new registered office address		enter the name of the new registe
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street	address
		_, Florida
	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 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

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DocuSign Envelope ID: 2E858BBB-0A54-403E-AFEE-A27AE62CD39D at amending 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BORIS KLIMOV	515 E. LAS OLAS BOULEVARD, SUITE 120A	□Add
		FORT LAUDERDALE, FL. 33301	= Remove
			Change
			□Add
			ERemove
			□Change
			🗀 Add
		····	□Add
		<u></u>	□ Remove
			□Change
			🗆 Add
			□ Remove
			Change
			🗆 Rетюче
			Change

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. If amending any other informat	tion, enter change(s) here: (Attach additional sheets, if ne	ecessury.)
		
		
AP		2021 DE(
		2021 DEC 13
		
		AM 10:
		<u></u>
		
	, , , , , , , , , , , , , , , , , , , 	
Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the De	t be specific and cannot be prior to date of filing or more than 90 days at ock does not meet the applicable statutory filing requirements, t	otional) fler filing.) Pursuant to 605.0207 (3)(b) this date will not be listed as the
the record specifies a delayed effective cord is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of:	(b) The 90th day after the
Dated	2021	
FOCE-27-41	4	
	Signature of a member or authorized representative of a member	
BORIS KLIMOV		

Filing Fee: \$25.00

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