L1600183011

| (Requestor's Name) |
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| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 30, 2017

JASON GRABER 4525 BENEVA ROAD SARASOTA, FL 34233

SUBJECT: BINARY SOFTWARE SOLUTIONS LLC

Ref. Number: L16000183011

We have received your document for BINARY SOFTWARE SOLUTIONS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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.

Shelia H Young Regulatory Specialist II

Letter Number: 917A00006126

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2017 APR 10 AM 11:38

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Binary Software Solutions LLC Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Jason Graper Name of Person |
| Firm/Company |
| 4525 Benem Rd. |
| Sarasota FL 34233 City/State and Zip Code Admihe Shed Soite · com E-mail address: (to be used for future annual report notification) |
| Admine Shed Suite. com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Person at (941) 228-2567 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| □ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & Certificate of Status □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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 ARTICLES OF ORGANIZATION **OF**

| Binary So | Hware | Solutions LL | <u>C</u> |
|---|--|--|------------------------------------|
| (Name of the Limited 1 (A) | Liability Con Florida Limite | S O/UTIONS LL apany as it now appears on our sed Liability Company) | records.) |
| The Articles of Organization for this Limited Liabi | lity Compa | ny were filed on 9/30 | /20/6 and assigned |
| Florida document number <u>L1600018301</u> | <u>//</u> | • | , |
| This amendment is submitted to amend the followi | ng: | | |
| A. If amending name, enter the new name of th | e l <u>imited li</u> | ability company here: | |
| Shed Suite LLC The new name must be distinguishable and contain the words | | | |
| The new name must be distinguishable and contain the words | s "Limited Lie | ability Company," the designation | "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | e: | NIA | |
| (Principal office address MUST BE A STREET A | (DDRESS) | | 7 20 |
| | | | 3 20 |
| Enter new mailing address, if applicable: | | NA | R 29 |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u> </u> | |
| | | | <u>?</u> |
| B. If amending the registered agent and/or | registered | office address on our re | cords, enter the name of the nev |
| registered agent and/or the new registered office | | | |
| Name of New Registered Agent: | N/A | - | |
| New Registered Office Address: | | | |
| | | Enter Florida street | address |
| _ | | | _, Florida |
| | | City | Zip Code |
| New Registered Agent's Signature, if changing Regi | istered Age | nt: | |

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 **Title** <u>Name</u> <u>Address</u> **Type of Action** AMBR Gruber Markering LLC 4525 Beneva Rd. Sarasota FL 34233 _□ Change □ Add □ Remove _□ Rem □ Change □ Add □ Remove _□ Change _□ Add ☐ Remove ☐ Change ☐ Add □ Remove

□ Change

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| ective date, if other effective date is listed, the | he date must be spec | cific and cannot b | e prior to date of | filing or more than | 90 days after filing | .) Pursuant to 605 | .0207 |
| te: If the date inserted tument's effective date | | | | nory ming requi | ements, this date | will not be liste | zu as |
| | | | | | | | |
| record specifies a The 90th day after | | | ut not an eff | ective time, a | it 12:01 a.m. | on the earlie | er of |
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| ted <u>4/6/</u> | | | 17. | | | | |
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Page 3 of 3

Filing Fee: \$25.00