117000163401

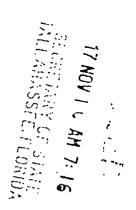
(Red	questor's Name)	
(Add	dress)	
	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL.
(Bu:	siness Entity Nam	ne)
		·
(Do	cument Number)	
ertified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
opeoral manuellons to	aming Ciricol.	

Office Use Only



500305665045

11/16/17--01019--021 **30.00



COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	BINARY INTERNATIO	NAL SOLUTIONS, LLC	
	Name of Lim	ited Liability Company	
	KRISTOPHER D. DECOS		•
		Name of Person	
	BINARY INTERNATION	_	
	To Person at (305) 984-9779 Area Code Daytime Telephone Number the following amount: \$\\$\\$\$30.00 \text{Filing Fee & Gertificate of Status} \text{Certified Copy (additional copy is enclosed)} Certified Copy (additio		
	915 NW 1ST AVE T-605		
		Address	
	MIAMI, FLORIDA 33136		
		-	_
	E-mail address: (to be used for future annual rep	ort notification)
For further informat	ion concerning this matter, please co	ıII:	
KRISTOPHER D. I	DECOSSARD	at (305)	984-9779
N:	nme of Person	Area Code	Daytime Telephone Number
Enclosed is a check	for the following amount:		
	ee \$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy
R D P.	IAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Registration Division of Clifton Buil	Section Corporations ding tive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BINARY INTERNATIONAL SOLUTIONS, LLC

(Name of the Limited Liability Company as it now (A Florida Limited Liability Con	appears on our records.) npany)	
he Articles of Organization for this Limited Liability Company were filed lorida document numberL17000163401	on08/01/2017	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability comp	oany here:	
ne new name must be distinguishable and contain the words "Limited Liability Company	y," the designation "LLC" or th	ne abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office addr	ess on our records, <u>en</u>	ter the name of the
gistered agent and/or the new registered office address here:		ZAZ NAZ
		SVI VIII AO
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	nter Florida street address	7.
	Florida	ALC:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	KRISTOPHER D. DECOSSARD	915 NW IST AVE T-605	A dd
		MIAMI, FLORIDA 33136	□ Remove
		·	□ Change
MGR	CARIDAD F. CALVO	915 NW 1ST AVE T-605	□ Add
		MIAMI, FL. 33136	■ Remove
			Change
			□ Remove
			Change
			□ Adđ
			Remove
			Change
			□ Remove
			Change
			□ Remove
			Change

•				_ 		
•						
						_
						_
						_
						
	·		-			_
		100 000				_
		·		- :		
					17	
		<u> </u>			V O.N	
	. <u></u>			<u> </u>		 '.
					Ø,	÷
				 	7	* ****
				22	<u> </u>	
						<u></u>
	·			-		_
Effective d	ate, if other than the date o	f filing:		(optional)		
f an effective	e date is listed, the date must be spece e date inserted in this block doe	cific and cannot be prior t	o date of filing or more the	an 90 days after filing.) Pu	rsuant to	605.0207 listed as
	effective date on the Departmo		ore statutory timing requ	anements, this date wit	i not oc	nsted as
	specifies a delayed effecth day after the record is		an effective time,	at 12:01 a.m. on	the ea	rlier of
Dated	NOVEMBER 08					
2						
			rized representative of a r			•

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00