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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BINNACLE Solutions, LLC Name of Limited Liability Company
Name of Estimed Diability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Edgardo Ocasio Bezrios Name of Person
BINNACLE Solutions, LLC Firm/Company
2754 RENATTA BRIVE
Bellezie Bluffs, FL 33776 City/State and Zip Code
Belleair Compliance a gmail.com (No Spaces) E-mail address: (to be used for titure annual report notification)
For further information concerning this matter, please call:
Edga P. do Ocasio at (F2F) 900 - 4900 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 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 TO ARTICLES OF ORGANIZATION OF

BINNACLE SOLUT	انهاع , د	.L C					
(Name of the Limited (A	Liability Ćom Florida Limited	рялу as it no Liability С	ow appears of ompany)	n our record	<u>is.</u>)		
The Articles of Organization for this Limited Liab Florida document number <u>L17000.1575</u>		ıy were file	ed on <u>17</u>	125/2	417	and a	ssigned
This amendment is submitted to amend the follow							
A. If amending name, enter the new name of the	he limited lia	bility com	ipany here:	:			
Belleaire Compliance LLC The new name must be distinguishable and contain the work							
The new name must be distinguishable and contain the word	ds "Limited Lia	bility Compa	any," the desig	mation "LLC	or the abbr	eviation "	L.L.C."
Enter new principal offices address, if applicab	le:	•		<u>.</u>			
(Principal office address MUST BE A STREET)	ADDRESS)			_			
							ਜ਼ <u>੍</u>
							7-Q 1-Q
Enter new mailing address, if applicable:				<u> </u>			
(Mailing address MAY BE A POST OFFICE BOX)							
							‡-
B. If amending the registered agent and/or registered agent and/or the new registered office			iress on o	ur record	s, <u>enter t</u> l	he name	of the new
Name of New Registered Agent:	_Edoz	irdo	Oca	Sio			
New Registered Office Address:	2754		TTA DR. Enter Florida		55		
	BELLEA	HR BLY City	JFFS	, FI	orida <u>3</u>	377 Zip Code	<u>Ø</u>

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

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> **Address Type of Action** AMBR MAR Bellear Bluffs, FL 33770 Edgardo Ocasio ⊞Add FL LIC# 0200-200-85-401-1 Remove Change Karen Cano ⊞Add 2954 RENATION DRIVE Bellegia Bluffs, FL 33770 Remove _ Change ■Add Remove ∭Add Remove Change ⊞Add Remove Change ₩Add Remove

If amending any other information, enter change(s) here: (Attach additional shape)	
I need to charge the following with #	this tilling.
- My full name Change	
Lidrop the Berrios	my name is Edgardo Oca
- Remove Karen Gano	from all locations
- Change Company NAME	
40LD NAME: BINNACLE SC	XUTIONS, LLC
4 NEW NAME: BELLEAIR C	
	,
Tale 21 (Parala) Q a Cat	0.1 0 511
I also sent (Requested) for a Cet	Hiate of Status.
	
	
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	=======================================
Effective date, if other than the date of filing:	(optional)
fan effective date is listed, the date must be specific and cannot be prior to date of filing or more that Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	n 90 days after filing.) Pursuant to 663.0207 (3)(tirements, this date will not be listed as the
ne record specifies a delayed effective date, but not an effective time, The 90th day after the record is filed.	at 12:01 a.m. on the earlier of:
Dated March 19th 2018	
Hispating III a somber or authorized representative of a m	ember
Signature of a member or authorized representative of a me	ember
Signature of a member or authorized representative of a me	ember

Page 3 of 3

Filing Fee: \$25.00