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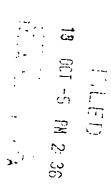
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## **COVER LETTER**

|                  | gistration Sec<br>vision of Corp |  | •   |  |
|------------------|----------------------------------|--|---|--|
| eud mæt.         |                                  | HOLDINGS LLC                                 |   |  |
| SUBJECT:         |                                  | Name of Limi                                 | ited I iability Company   |  |
|                  |                                  | Amendment and feets) are subt                |   |  |
| Please retur     | n all correspoi                  | ndence concerning this matter                | to the following:   |  |
|                  |                                  | ABHINAV T SAINI                              |   |  |
|                  |                                  |  | Name of Person  | <del></del>  |
|                  |                                  |  |   | ···  |
|                  |                                  | 10200 WINDER TRL                             | Firm Company  |  |
|                  |                                  |  | Address   |  |
|                  |                                  | ORLANDO, FL 32817                            |   |  |
|                  |                                  | ABHI@BEARIUMHOLDI                            | City State and Zip Code<br>NGS.COM  |  |
|                  |                                  | E-mail address 1                             | to be used for future annual report notiff                                | eation)  |
| For further      | information co                   | oncerning this matter, please ca             | all;  |  |
| ABHINAV          | T SAINI                          |  | 407 917-1321  |  |
|                  | Name o                           | (Person                                      | at ()   | Telephone Number   |
| Enclosed is      | a check for th                   | ne following amount:                         |   |  |
| <b>□</b> \$25,00 | Filing Fee                       | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed. |
|                  |                                  |  | (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
Fallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BEARIUM HOLDINGS LLC   |                                     |  |                                       |
|--|-------------------------------------|--|---------------------------------------|
| ( <u>Name of the Limited Liab</u><br>(Allori   | i <b>lity Compa</b><br>da Limited l | ny as it now appears on our records.<br>.iability Company) | _1                                    |
| he Articles of Organization for this Limited Liability   | Company                             | were filed on JANUARY 23, 20                               | and assigned                          |
| lorida document number L18000020043  | ·                                   |  |                                       |
| his amendment is submitted to amend the following:   |                                     |  | د د د د د د د د د د د د د د د د د د د |
| . If amending name, enter the new name of the li   | mited liab                          | ility company here:  | 907                                   |
| he new name must be distinguishable and contain the words of   | imited Linhi                        | hy Company," the designation "F1 C"                        | or the abbreviation "L 140.7"         |
| Inter new principal offices address, if applicable:  |                                     | 10200 WINDER TRL   |                                       |
| Principal office address MUST BE A STREET ADI  | ORESS)                              | ORLANDO, FL 32804  |                                       |
| Enter new mailing address, if applicable:  |                                     | 10200 WINDER TRL   |                                       |
| Mailing address MAY BE A POST OFFICE BOX)  |                                     | ORLANDO, FL 32804  |                                       |
| 3. If amending the registered agent and/or reg<br>egistered agent and/or the new registered office ac<br>Name of New Registered Agent:  AB |                                     | <u>e</u> :   | , enter the name of the               |
| New Registered Office Address: 102   | 00 WINDE                            | R TRL  |                                       |
| ises registered variety.   |                                     | Enter Florula street address                               |                                       |
| OR   | LANDO                               | , Flo  | orida <u>32817</u>                    |
|  |                                     | Cit  | Zip Code                              |

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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. Thereby 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

| <u>Title</u> | <u>Name</u>     | <u>Address</u>    | Type of Action                            |
|--------------|-----------------|-------------------|---|
| MGR          | ABHINAV T SAINI | 10200 WINDER TRL  |   |
|              |                 | ORLANDO, FL 32817 |   |
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| ective date, if other than the date of filing:  | (optional)  |
| ective date, if other than the date of filing:  | filing or more than 90 days after filing.) Pursuant to 60 |
| e: If the date inserted in this block does not meet the applicable statument's effective date on the Department of State's records. | mory thing requirements, this date will not be its        |
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| record specifies a delayed effective date, but not an eff   | ective time, at 12:01 a.m. on the earl                    |
| he 90th day after the record is filed.  |   |
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| ed SEPTEMBER 24 2018  |   |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00