118000043554

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800318851088

10/05/18--81011--013 **25.06

18 OCT -5 AM 9: 34
SECRETARY OF STATE
TALLAHASSEE FOR STATE

BL VORISER WILLIAM OCT 20 2018

COVER LETTER

1O: Registration 8 Division of Co		**	•
	A NETWORKS LLC		
SUBJECT:	Name of Lini	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ABHINAV T SAINI		
		Name of Person	
		Firm Company	Daytime Telephone Number Fee & S60.00 Filing Fee. Certificate of Status &
	10200 WINDER TRL		
		Address	
	ORLANDO. FL 32817		
	ABHI@BEARIUMNETW		
For further information	n-mail address: (concerning this matter, please co		ication)
ABHINAV T SAINI			
Name	of Person	Aren Code Daytime	: Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

 ${\bf MAILING~ADDRESS:}$

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

BEARIUM	HOLDINGS LLC
	(Name of the I

(<u>Name of the Limited Liz</u> (A Flo	i <mark>bility Compa</mark> orida Limited I	ny as it now appears on our rec liability Company)	ords.1	
The Articles of Organization for this Limited Liability Florida document number L18000043554 This amendment is submitted to amend the following the following name, enter the new name of the	<u></u> .		ラス ラス ラス ラス ラス ラス アス	
The new name must be distinguishable and contain the words.	Limited Liabil	ity Company," the designation "l	.LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		10200 WINDER TRL		_
(Principal office address MUST BE A STREET ADDRESS)		ORLANDO, FL 32804		•
Enter new mailing address, if applicable:		10200 WINDER TRL		
(Mailing address MAY BE A POST OFFICE BOX	2	ORLANDO, FL 32804		
B. If amending the registered agent and/or r registered agent and/or the new registered office:		<u>e</u> :	ords, enter the name of the	<u>1ev</u>
Name of New Registered Agent.				
New Registered Office Address: 10	0200 WINDE	R TRL Emer Florida street da		_
		Enter Florida street da	aress	
<u>o</u>	RLANDO		. Florida <u>32817</u>	_
		Ciņ	Zip Code	
New Registered Agent's Signature, if changing Regis	tered Agent:			

New Registered Agent's Signature, it 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ABHINAV T SAINI	10200 WINDER TRL	
		ORLANDO, FL 32817	Add
		· · · · · · · · · · · · · · · · · · ·	☐ Remove
			Change
MGR	BEARIUM HOLDINGS LLC	3432 MISSION BAY BLVD	5
		APT 283	
			■ Remove
		ORLANDO, FL 32817	Change
			☐ Remove
			☐ Change
			□ Remove
			Change
			Remove
			Change
			
			□ Remove
			☐ Change

					
					
					11 7
		-			
					
ective date, if other than the date of filing: reflective date is listed, the date must be specific and c				(optional)	
neffective date is listed, the date must be specific and c <u>te:</u> If the date inserted in this block does not me	annot be prior set the applica	to date of filing (able statutory f	or more than 90. Hing requirem	lays after filing.) l ents, this date w	'ursuant to 605.01 ill not be listed
cument's effective date on the Department of Sta	ate's records.	•	- '		
record specifies a delayed effective da	ate, but not	t an effectiv	e time, at :	.2:01 a.m. o	n the earlier
The 90th day after the record is filed.					
SEPTEMBER 24	2018				
ted SEPTEMBER 24	7				
Alg	1/15	7-			
	ombor or autho	rized representa	tive of a membe	·1	

Page 3 of 3

Lyped or printed name of signee

Filing Fee: \$25.00