

L200000319959

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000377676 3)))



H200003776763ABC5

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : 120160000017  
Phone : (855) 498-3500  
Fax Number : (800) 432-3622

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

2020 OCT 30 PM 12:35

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CONNECTM BABIONE LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

RECEIVED

2020 OCT 30 PM 12:35

NOV 01 2020

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ConnectM Babione 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:

Capitol Services - Corporate Filings Team

\_\_\_\_\_  
Name of Person

Capitol Corporate Services, Inc.

\_\_\_\_\_  
Firm/Company

515 East Park Avenue, 2nd Floor

\_\_\_\_\_  
Address

Tallahassee, Florida 32301

\_\_\_\_\_  
City/State and Zip Code

bhaskar@connectm.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person

855 498-5500  
at ( )  
Area 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)      ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



**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>	<u>Type of Action</u>
MGR	Bhaskar Panigrahi	2 Mount Royal Ave, Ste 550, Marlborough, MA 01752	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ConnectM Management LLC	2 Mount Royal Ave, Ste 550, Marlborough, MA 01752	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ConnectM Technology Services LLC	2 Mount Royal Ave, Ste 550, Marlborough, MA 01752	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mahesh P Choudhury	2 Mount Royal Ave, Ste 550, Marlborough, MA 01752	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

[illegible]

**F. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 29, 2020

Pharmazie als Berufswahl

Signature of a member or authorized representative of a member

Bhaskar Panigrahi, duly authorized representative

Typed or printed name of signee

**Filing Fee: \$25.00**