## 124000088842

(R	equestor's Name	
(A	ddress)	· <u>·</u> ··································
(A	ddress)	
(C	ity/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Na	me)
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## COVER LETTER

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	ation Section For Corporations	.•
	AI VENTURES LLC	
St Bara I.	Name (	of Limited Liability Company
The enclosed Art	icles of Amendment and fee(s) a	e submitted for filing.
Please return all c	correspondence concerning this n	natter to the following:
	MOHAMMAD MAS	AUN
		Name of Person
	BFALVENTURES L	LC
		Firm/Company
	3677 23RD AVE S. S	SUFTE# A-109
		Address
	LAKE WORTH BEA	ACH, FL-33461
		City/State and Zip Code
	MMAMUN@CAPZE	RPHARMA.COM ress: (to be used for future annual report notification)
La further inter-	nation concerning this matter, ple	
MOHAMMAD :		786 200-4718 at ()
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a che	ck for the following amount:	
<b>≡</b> \$25.00 Filing	g Fee 🔑 🖾 \$30.00 Filing Fee of Certificate of Stat	
Registi Divisio P.O. B	Address: ration Section on of Corporations ox 6327 assee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEAT VENTURES LLC

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(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability (Company)	<del></del> ,	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.24000088842}{1.24000088842}$	were filed on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
etc. new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."	
Fater new principal offices address, if applicable:	3677 23RD AVE S		
(Principal office address MUST BE A STREET ADDRESS)	SUITE # A-109		
	LAKE WORTH BEACH, FL-33461		
Enter new mailing address, if applicable:	3677 23RD AVE S		
(Mailing address MAY BE A POST OFFICE BOX)	SUITE # A-109		
	LAKE WORTH BEACH, FL-33461		
agent and/or the new registered office address here:  Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	tmier Florida street adaress	•	
	, Florida _	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	•	:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as poing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further a performance of my duties, and I an provided for in Chapter 605, F.S. O	i familiar with and r, if this document is	
If Char	nging Registered Agent, Signature of New 1	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	MOHAMMAD H MAMUN	10399 CYPRESS LAKES PRESERVE DR	<b>≘</b> Add
		LAKE WORTH, FL 33449	□Remove
			🖂 Change
MBR ZEBUN M KHAN	ZEBUN M KHAN	3300 NE 191 ST. APT # 707	<b>=</b> Add
		AVENTURA, FL-33180	□Remove
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fective date, if other than the date it effective date is listed, the date must be ite: If the date inserted in this block cument's effective date on the Depar	specific and cannot be prior does not meet the applic	<b>(opti</b> r to date of filing or more than 90 days afte cable statutory filing requirements, th	i <b>onal)</b> r tilmg.) Pursuant to 605.020 is date will not be listed a
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Filing Fee: \$25.00