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## **COVER LETTER**

TO: Registration S Division of Co			
BINARY : SUBJECT:	SOLUTIONSÂ TECHNOLOG	Y LLC	
	Name of Lir	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspondent	ondence concerning this matter	r to the following:	
	Yoandry Finalet		
		Name of Person	<del></del>
	BINARY SOLUTIONSÂ	TECHNOLOGY LLC	
		Firm/Company	
	210 NW 59th ct		
		Address	
	Miami Florida 33126		
		City/State and Zip Code	
	yoandryfinalet@gmail.com		
	E-mail address: (	to be used for future annual report not	ification)
For further information of	concerning this matter, please c	rall:	
YOANDRY FINALET		+1 7866438371 at ( )	l
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne 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 S Division of C P.O. Box 632	Section orporations 7	Street Address: Registration Se Division of Cor The Centre of T	porations Tallahassee
Tallahassee, I	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BINARY SOLUTIONSÂ TECHNOLOGY LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 06/06/2024 \_\_\_\_ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BINARY SOLUTIONS TECHNOLOGY LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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 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
<u></u>		<del></del>	□ Add
			□ Remove
			Change
			□ Remove
			Change
			□ Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			□ Change
			□Remove
			□Change

Effective date, if other than the date of filing:	<del></del>	
If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  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 right is filed.  Dated AUGUST 7 2024  Signature of a member or authorized representative of a member  Signature of a member or authorized representative of a member	_	
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