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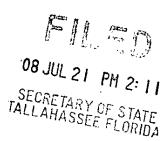
COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BHM Concept L. L. C. (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:
Mirian D. Matzkin (Name of Person)
BHM Concepts U.C. (Firm/Company)
10155 Collin Avenue #708
Boul-Harbour Florida 33154 (City/State and Zip. Code)
For further information concerning this matter, please call:
Miriam D. Matzkin at (786) 859 1888 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□\$25.00 Filing Fee Certificate of Status □\$55.00 Filing Fee & □\$60.00 Filing Fee, Certificate of Status 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Ol	5	SECRETARY
· BHM Correpts	(.(.	SECRETARY OF STATE TALLAHASSEE FLORIDA
(Name of the Limited Liability Compan	v as it now appears on ou	r records.)
(A Florida Limited Li	ability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	2/2008 and assigned
Florida document number _\O\8\DOO\4\7\3\\)	, , , , , , , , , , , , , , , , , , ,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		j
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ords, enter the name of the new
registered agent and/or the new registered office address nere	. •	
Name of New Registered Agent:		•
		······································
New Registered Office Address:	(Enter Flo	rida street address)
	,=	,
	(City)	_, Florida(Zin Code)

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title Name Address Type of Action** Braswell M6R ☐ Add 4 Remove ☐ Add Remove Add 🗂 Remove Remove ☐ Add Remove Add 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member MIRIAMD, MATZKIW

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00