L130000689777

(Requ	uestor's Name)	
. (Addr	ess)	
(Addı	ess)	
(City/	State/Zip/Phone #	
PICK-UP	WAIT	MAIL
(Busi	ness Entity Name)	
(Doct	ument Number)	
	Certificates of	Status
Special Instructions to Fi	ling Officer	

Office Use Only



800422227138

LLC Amend

2024 FEB - 1 AM 11: 56

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1024 FEB-1 PH 4: 18

TALLAHASSEEL FLOORS

A. RAMSEY FEB 2 2074



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	02/01/2024	_		
	Patrice Rus	h		
Reference	#: 224919)3		
Entity Nam	ne:	BH PENSA	M STA, LLC	
☐ Artic	cles of Incorporation/A	uthorization to ⁻	Fransact Business	
√ Ame	endment			
☐ Cha	inge of Agent			
☐ Reir	nstatement			
☐ Con	version			
☐ Mer	ger			
☐ Diss	solution/Withdrawal			
	itious Name			
☐ Oth	er <u>Please</u>) ruvide Ce	rtfied Copy u	ipon Filing
Authorized	D M	\$55.00		

F: +852.2682.9790

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 FEB - 1 AM 11: 56

BH Pens	sam STA, LLC	records.)
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our (a Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C	Company were filed on <u>05/10/20</u>	and assigned
Florida document number L13000068977	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, g	enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
	1000000	Florida
	Ciţ	Zip 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 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:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR_	BH Equities, L.L.C.	400 Locust Street, Suite 790	🗖 Add
		Des Moines, IA 50309	■ Remove
			□Change
			□Add
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an effective date i Lote: If the date	other than the date of listed, the date must be specificated in this block do live date on the Department.	ecific and cannot be ses not meet the a	pplicable statutor	g or more than 90 day	(optional) ys after filing.) Pursu ats, this date will no	ant to 605,0207 (of be listed as t
record specifies I is filed.	a delayed effective date.	but not an effect	ive time, at 12:01	a.m. on the earlier	of: (b) The 90th	day after the
ated	Eebru	uary 1 - 2024	·			
			1660			

Filing Fee: \$25.00