

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L16000115613

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.

((H17000127339 3)))



H170001273393AEC0

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 : LEOPOLD, KORN & LEOPOLD, P.A.
Account Number : I20010000025
Phone : (786) 899-2235
Fax Number : (305) 935-9042

2017 MAY -9 P 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

Email Address: tslachter@leopoldkorn.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BH COMMERCIAL RETAIL SHOP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2017 MAY -9 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

D. BRUCE
MAY 10 2017

May. 9. 2017 4:44PM

No. 0349 P. 2

COVER LETTER

(((H17000127339 3)))

TO: Registration Section
Division of Corporations

SUBJECT: BH COMMERCIAL RETAIL SHOP 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:

GARY A. KORN, ESQ.

Name of Person

LEOPOLD KORN, P.A.

Firm/Company

20801 BISCAYNE BLVD., SUITE 501

Address

AVENTURA, FL 33180

City/State and Zip Code

TSLACHTER@LEOPOLDKORN.COM

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

For further information concerning this matter, please call:

TERRI SLACHTER

305
at ()

935-3500

Name of Person

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(((H17000127339 3)))

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 MAY - 9 P 12:40

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

((H17000127339 3)))

BH COMMERCIAL RETAIL SHOP 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 JUNE 15, 2016 and assigned
Florida document number L16000115613

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 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

City

Florida

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 Changing Registered Agent, Signature of New Registered Agent

May. 9. 2017 4:45PM

No. 0349 P. 4
(((H17000127339 3)))

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>
AMBR	STEVE EYAL LEVY	2999 NE 191 STREET, PH 2	☐ Add
		AVENTURA, FL 33180	☒ Remove
			☐ Change
MGR	STEVE EYAL LEVY	2999 NE 191, PH 2	☒ Add
		AVENTURA, FL 33180	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
2017 MAY - 9 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

No. 0349 P. 5
(((H17000127339 3)))

2011 MAY -9 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 MAY -9 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1
 2
 3
 4
 5

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 MAY 9

2017

Signature of a member or authorized representative of a member

GARY A. KORN, Esquire

Typed or printed name of signee