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(Requestor's Name)		
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(City/State/Zip/Phone #)		
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: B. H. S. JW/ESTMEN/TS' 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:
RON TURNER Name of Person
B.H.S. INVESTMENTS LLC Firm/Company
1646 SWALLOWTAIL LN Address
SANFORD FL 3277/ City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RON TURNER at (401) 574-3300 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status S55.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

B.H.S INVESTA	neurs uc	
(Name of the Limited Liabilit (A Florida	ty Company as it now appears on Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability of Florida document number	Company were filed on <u>9-2</u> 3	20-2006 and assigned
This amendment is submitted to amend the following:		•
A. If amending name, enter the new name of the lin	nited liability company here:	
B.H.S ENVESTHENS	TBROUP IL	
The new name must be distinguishable and end with the wo	ords "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	 	
(Principal office address MUST BE A STREET ADD	RESS)	
<u>.</u>	***************************************	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the name of the new
		Ag to
Name of New Registered Agent:		FR B
	· · · · · · · · · · · · · · · · · · ·	Jan Will Co.
New Registered Office Address:	77 / 17	
	Enter F	lorida street address 🔀 📆
		, Florida ♀♥ ··
	City	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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

		Add Remove
		• •
		Add Remove
		Add Remove
		Add Remove
		Add Remove
		Add Remove
g any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_
	•	_
		-
1. 23, , 201,	<u></u>	
	- 23, , 201 194	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 2 of 2

Filing Fee: \$25.00