

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H11000272249 3)))



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To: .

Division of Corporations

Fax Number : (850)617-6383

From: ,

Account Name : WASHINGTON & ASSOCIATES, P.A.

Account Number : I20090000070 Phone

: (305)573-2929

Fax Number

: (305)749-8989

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

Email	Address:			
Emall	ACCIPES:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BHG-NOTRE DAME HOLDINGS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
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Electronic Filing Menu

Corporate Filing Menu

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https://efile.sunbiz.org/scripts/efilcovr.exe

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COVER LETTER

TO: Registration Sect Division of Corpo				
SUBJECT:	BHG-Notre D	ame Holdings, LLC		
		ted Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	· 	Lynn C. Washington		
		Name of Person		
Washington & Associates, P.A.				
Firm/Company				
3301 NE 1st Ave., Suite M-501				
		Address		
	1	Miami, Florida 33137		
	***	City/State and Zip Code		
	dgo	nzalez@walaw.us.com	····	
For further information coa	acerning this matter, please c	•	incauon)	
	ne Gonzalez	at (305)	573-2929	
Name of I	^p erson	Area Code & Dayti	me 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

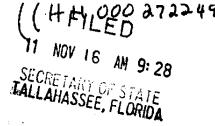
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FROM Washington & Associates, P.A.

(WED) NOV 16 2011 12:00/ST. 11:59/No. 6840142594 P 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BHG-Notre (Name of the Limited Liabilit (A Florida	Dame Holdings, L y Company as it now appear Limited Liability Company)	LC s on our records.)	
The Articles of Organization for this Limited Liability of Florida document number	Company were filed on	01/16/2008	and assigned
This amendment is submitted to amend the following:			
4. If amending name, enter the new name of the lin	nited liability company her	<u>'e</u> :	
вно	G Holdings, LLC		
The new name must be distinguishable and end with the world. L.L.C."	ords "Limited Liability Compa	my," the designation "I	LC" or the abbreviation
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 registered agent and/or the new registered office ad		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			<u>. </u>
•	Er	nter Florida street add	dress
		, Florida	<u></u>
	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 Changing Registered Agent, Signature of New Registered Agent

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MGR = Manager

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:

MGRM = 1	Managing Member	•	
<u>Title</u>	Nume	Address	Type of Action
			Add Remove
		Mr.	Add Remove
D. If amer	nding any other information, enter cham	age(s) here: (Attach additional sheets, if necess	ary.)
_			SECRETALIANA
-			V 16 AM
Dated	November 16 , 2	2011	9: 28 IATE LORIDA
	Signature of a memb	per or authorized representative of a member	28
	L	ynn C. Washington	
	Type	ed or printed name of signee	

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Filing Fee: \$25.00

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