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JUN 13 2008

EXAMINER



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06/12/08--01029--003 **25.00

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DIVISION OF COMPORATION

COVER LETTER

	ion Section of Corporations		
SUBJECT: BH	ELLINGTON DEVELOPERS, LLC (Name of Limited Liability Company)		
Sobolett. Pt.	(Name of Limited Liability Company)		
The enclosed Arti	les of Amendment and fee(s) are submitted for filing.		
Please return all c	rrespondence concerning this matter to the following:		
	ROBERTO RICHARDS (Name of Person)		
	(Name of Person)		
	BREAKSTONE HONES INC. (Firm/Company)		
	(Firm/Company)		
	3900 IEMBROKE RD (Address)		
	(Address)		
	KOLY WOOD, FL, 33021 (City/State and Zin Code)		
	(City/State and Zip Code)		
For further inform	tion concerning this matter, please call:		
DOGEDED	2 16402 C		
ROBERTO	RICHARIS at (954) 237 - 2825 Name of Person) (Area Code & Daytime Telephone Number)	—	
	1		
Enclosed is a chec	for the following amount:		
5 \$25.00 Filing 1	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy	Status &	
	AAILING ADDRESS: STREET/COURIER ADDRESS:		
	Registration Section Registration Section	Registration Section	
	O. Box 6327 Clifton Building		
	'allahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BHI ELLINGTON DE (Name of the Limited)	EVE LO PE Liability Comp Florida Limited	AS LLC pany as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Lia		ny were filed on 02	11/2008	and assigned
This amendment is submitted to amend the follo	wing:			•
A. If amending name, enter the new name of	the limited lia	bility company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Lir	nited Liability Company	," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applica	ble:			8 / SEC
(Principal office address MUST BE A STREET				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E			Fugger Nation	
B. If amending the registered agent and/o registered agent and/or the new registered off			r records, enter	the name of the new
Name of New Registered Agent:	SKRLD	, INC		
New Registered Office Address: 201 ALHANBRA CIRCLE, STE 102 (Enter Florida street address)				
	com	GABLES	. Florida	33134
		GABLES (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, thereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ALBERTO PEIS	<u>4сн</u>	Add Remove
MGR	JOINE LEDE	RM 9N	Add Remove
MGA	NO AH BREAK	STONE	Add Remove
			Add Remove
	1		Add Remove
			Add Remove
D. If am	ending any other information	n, enter change(s) here: (Attach addition	nal sheets, if necessary.)
Dated	May 16 th		
	Signati 	ure of a member or authorized representative PERMAN Typed or printed name of signee	of a member

Page 2 of 2

Filing Fee: \$25.00