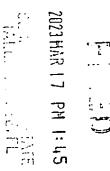
L1100034508

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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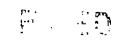


115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088 March 17, 2023 Date:_ James Brodbeck Name:__ 1937142 Reference #:____ **BH PENSAM PRENTISS, LLC** Entity Name:____ Articles of Incorporation/Authorization to Transact Business ✓ Amendment Change of Agent Reinstatement Conversion ___ Merger Dissolution/Withdrawal Fictitous Name ✓ Other _____ Certified copy upon filing Authorized Amount:

Signature:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 MAR 17 PH 1: 45

рир	on auto Duantico III C	
(<u>Name of the Limited Liat</u> (A Flor	ensam Prentiss, LLC pility Company as it now appears on our rec ida Limited Liability Company)	ords.)
		_
The Articles of Organization for this Limited Liability	. ,	and assigned
lorida document number L11000034508	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation "l	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	
D		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		ter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ade	lress
		Florida
	Ciţy	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:

• MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	BH Equities, L.L.C.	400 Locust Street, Suite 790	□Add
		Des Moines, IA 50309	Remove
		<u> </u>	□Change
			□Add
			Remove
			□Change
	_		□Add
			□Remove
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fan effective <u>Note:</u> If the	ate, if other the date is listed, the date inserted in effective date of	date must be spec this block doe	ific and cann s not meet t	the applicabl			an 90 days af			
record spec d is filed.	ifies a delayed	effective date, l	out not an e	ffective time	e, at 12:01	a.m. on the	earlier of:	(b) The 90	Oth day after	the
ated	March	17	. 20)23	, -					
			4	later	_>					
_		Signatu	re of a memb	er or authoriz	ed represen	tative of a-r	nember			
			Gavi	in Beekma	n Autho	rized Sin	natory			
_			Type	ed or printed i	name of sign	nee	TiatOl y			

Filing Fee: \$25.00