## 11000115500

·
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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10/28/11--01004--007 \*\*25.00



J. BRYAN

OCT 31 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration S  Division of Co		•		
SUBJECT:	MHD MI	AMI CONS LLC		
SCHOLET.		ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	pondence concerning this matter	r to the following:		
		Claudio Benedetti		
		Name of Person		
		Firm/Company		
		420 Lincoln Rd #248		14 × _
		Address		
	M	liami Beach, FL 33139 City/State and Zip Code		1728 PA
	Cla	.benedetti@gmail.com to be used for future annual report notific	ation)	· · · · · · · · · · · · · · · · · · ·
For further information	concerning this matter, please of	·		33 2
	audio Benedetti		90 3177	· ·
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)	Certified C	of Status &
Regis	LING ADDRESS: stration Section	STREET/COURIE Registration Section Division of Corporate		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BHD M	IIAMI CONS LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appear	rs on our records.)	
(	minute Little Minute Company,		
The Articles of Organization for this Limited Liability Co	ompany were filed on	10/10/2011	and assigned
Florida document numberL11000115500			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company her	<u>re</u> :	. وه حدر بن
BHD M	lanagement LLC		
The new name must be distinguishable and end with the work		nny," the designation "	LLC" or the abbreviation
"L.L.C."			A AND CONTRACTOR OF THE CONTRA
Enter new principal offices address, if applicable:			a m
(Principal office address MUST BE A STREET ADDR	ESS)		
			OF O I
Enter new mailing address, if applicable:	<del></del>		
(Mailing address MAY BE A POST OFFICE BOX)			
			•
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		our records, <u>enter</u>	the name of the new
registered agent and/or the new registered office agen	egs note.		
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:		ter Florida street add	drass
	En	ier Fioriaa street aa	A1 E33
<u> </u>	71:	, 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

	Name	Address	Type of Acti
·····			Add Remove
<del></del>			Add Remove
			Add Remove
· · · <u>- · · · · ·</u>			Add Difference
			- A
	<del></del>		Add
	ling any other information, enter char	nge(s) here: (Attach additional sheets, if necessar	y.)
f amend			
f amend	•		
f amend			

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00