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TATE SHARSSEE, FLORIDA

S. WARREN NOV 1 4 2017

COVER LETTER

TO: Registration Solution of Con			
BVHR, LI SUBJECT:	c		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LILY CALDERON		
		Name of Person	
	SHOMAR ACCOUTNING	G, PA	23
		Firm/Company	
	7777 NW 146TH ST		
		Address	
	MIAMI LAKES, FL 3301	6	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	LILY@SHOMARACCOU		 -
		to be used for future annual report noti	lication)
For further information of	concerning this matter, please co	all:	
LILY CALDERON		305- 825-1123 at ()	
Name o	d Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & 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

BVHR, LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited)	iny as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited I		were filed on 10/20/2	2011 and assigned
This amendment is submitted to amend the fol			
A. If amending name, enter the new name of	_	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		11801 NW 100TH I	RD # 4A
Principal office address MUST BE A STRE	ET ADDRESS)	MIAMI, FL 33178	
Enter new mailing address, if applicable:		11801 NW 100TH	RD # 4A
(Mailing address MAY BE A POST OFFICE BOX)		MIAMI, FL 33178	
3. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	I/or registered of office address here SHADI SHOM	<u>e</u> :	r records, enter the name of the
New Registered Office Address:	11801 NW 100	TH RD # 4A	
New Registered Office Address.		Enter Florida s	treet address
	MIAMI		, Florida ³³¹⁷⁸
		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 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 limiting company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agen

Page 1 of 3

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>	<u>Address</u>	Type of Action
MGR	ANDREW KORGE	11801 NW 100TH RD # 11	
		MIAMI, FL 33178	Remove
			Change
MGR	SHADI SHOMAR	11801 NW 100TH RD # 4A	
		MIAMI, FL 33178	□ Remove
			Change
MGR	RENATA GIOVANNINI	11801 NW 100TH RD # 4A	
		MIAMI, FL 33178	Remove
			■ Change
			Remove
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Nove	ember 7th		2017					
			- M//	9— ·			<u></u>	_
_		Signature of	a member or auti	horized representati	ve of a member	•		7 NOV
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S	SHADI SHOMAR						92.5	こ 戸
<u> </u>	SHADI SHOMAR		Typed or prin	ted name of signee			SSE OF SECTION OF SECT	FILED

Filing Fee: \$25.00