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J. SAULSBERRÝ EXAMINER

OCT 29 2012

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	ECT: B&H Plantation LLC Name of Limited Liability Company
The en	aclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Eya Levy Name of Person
	B&H Plantation LLC
	2999 NE 191st St. PHZ
	Aventura FL 33180 City/State and Zip Code Steve @ Sky developmenting.com
For fur	E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call:
	Eyo Levy at (305) 933 - 4646 Name of Person Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amount:
\$25	5.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 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

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records	TO STATE OF	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned	
This amendment is submitted to amend the following:		500	
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Company," the designation	ion "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	2999 NE 1918	st. PHZ	
(Principal office address MUST BE A STREET ADDRESS)	Aventura, Fl	33180	
Enter new mailing address, if applicable:	2999 NE 1916+ 6	3+. PHZ	
(Mailing address MAY BE A POST OFFICE BOX)	Aventura, FL	33180	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stree	t address	
	, Florid 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 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
	·		Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
<u> </u>			Add Remove
			Add Remove
D. If amen	MGR Address:	Aventura, FL 33180	7912 BCT 25 AM 8: 30
Dated	Odober 22 . 201	E	s' o
		or authorized representative of a member Levy or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00