

L120000116178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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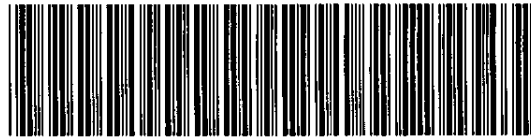
A

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B. KOHR

OCT 23 2012

EXAMINER



700240010867

09/27/12--01019--010 \*\*30.00

FILED  
12 OCT 22 AM 8:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 4, 2012

EYAL LEVY  
B & H CLERMONT, LLC  
2999 N.E. 191ST STREET, PH2  
AVENTURA, FL 33180

SUBJECT: B & H CLERMONT, LLC  
Ref. Number: L12000116178

FILED  
OCT 12 2012  
TALLAHASSEE, FL  
RECEIVED  
10/13/12  
AM 8:13

We have received your document for B & H CLERMONT, LLC and your check totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A company registered in Florida must always have a Registered Agent.

If Eyal Levy is no longer going to be the Registered Agent, then the new Agent's name and address must be listed in Item B, and the new Agent must sign the acceptance statement.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Buck Kohr  
Regulatory Specialist II

Letter Number: 512A00024682

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

B & H Clermont, LLC  
Name of Limited Liability Company

FILED  
12 OCT 22 AM 8:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eyal Levy  
Name of Person

B & H Clermont, LLC  
Firm/Company

2999 NE 191<sup>st</sup> St. PH2  
Address

Aventura, FL 33180  
City/State and Zip Code

Steve@skydevelopmentinc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eyal Levy  
Name of Person

at ( 305 ) 933-4646  
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)      ☐ \$60.00 Filing Fee, Certificate of Status & 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

B & H Clermont

(Name of the Limited Liability Company as it now appears on our records.  
(A Florida Limited Liability Company)

FILED  
12 OCT 22 AM 8:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on September 11, 2012 and assigned Florida document number L12000116178.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2999 NE 191<sup>st</sup> Street PH2  
Aventura, FL 33180

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2999 NE 191<sup>st</sup> Street PH2  
Aventura, FL 33180

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

2999 NE 191<sup>st</sup> Street PH2  
*Enter Florida street address*  
Aventura, Florida 33180  
*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, 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Jean Myara	PO Box 2723 Hollandale, FL 33008	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Eyal Levy	2999 NE 191 <sup>st</sup> St PH2 Aventura, FL 33180	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Eyal Levy	5130 N Hills Dr Hollywood, FL 33180	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated September 24, 2012

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Eyal Levy  
\_\_\_\_\_  
Typed or printed name of signee