# 43000038010

(Re	equestor's Name)	····
(Ad	idress)	
(Ad	ldress)	<del></del>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(0.		
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Certified Copies	_ Certificates	s of Status
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OCT 14 2016 S. YOUNG TÄLLAHÄSSTE: FLGRIDA



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 3, 2016

AMAUDA SCOTT BH3 LLC 21500 BISCAYNE BLVD STE 302 AVENTURA, FL 33180

SUBJECT: BH3 REALTY LLC Ref. Number: L13000028010

We have received your document for BH3 REALTY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 116A00021176

TALLAHASSEE

# **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT:	BH3 Realty 1	LLC ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	aman	ela Scott Name of Person		
	BH3 L	LC Manegen	ent	
	21500 BK	agre Blist. A	te 302	TALL SEC
	<u>Cluentur</u>	u, To 33180 City/State and Zip Code		ALL SE
	E-mail address: (	ude Obh311c. Co to be used for future annual report notifi	(cation)	2
For further information co	oncerning this matter, please ca	all;		56
Quena	a Scott	at (954) 416-	-3140 ext	-232
Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a check for th	e 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 Sta Certified Copy (additional copy is e	atus &

#### 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

BH3 (Name of the Limit	Reach LL	t now appears on our records )				
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)						
The Articles of Organization for this Limited L Florida document number <u>L130000</u>	iability Company were 2801_0	filed on $\frac{2/22/3}{2}$	PO13 and assigned			
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name o	f the limited liability c	ompany here:				
		<del></del>				
The new name must be distinguishable and contain the w	ords "Limited Liability Cor	npany," the designation "LLC" or	the abbreviation "L.L.C."			
Enter new principal offices address, if applic	able:					
(Principal office address MUST BE A STREE	T ADDRESS)		8 F			
Enter new mailing address, if applicable:		·	<u> </u>			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		<del></del>			
	<del></del>		5 3			
B. If amending the registered agent and/ registered agent and/or the new registered of		nddress on our records, <u>e</u>	nter the name of the new			
Name of New Registered Agent:	Carlos	Qutiencez				
New Registered Office Address:		Enter Florida street address				
	<u> </u>	, Florid	la			
	C	ity	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 Changing Registered Agent, Signature of New Registered Agent

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 Title Name **Address** Type of Action John Paget 215 00 BISCAUPE Bled - Add

Souther 302 - Demove

Aventure, Fr 336 P. Change \_ 21500 Biscape gas. LAdd \_ Suite 302 \_ Remove \_ aventura, Fr 33180 □ Change MonR Carlos Gutierrez ☐ Change ڊب □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

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Page 3 of 3

Filing Fee: \$25.00

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company:	Reuty	Lhe	
2. (a)	21500 Biscarre Blis		<del>, , , , , , , , , , , , , , , , , , , </del>	yer Blul
	Principal office address of fimited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited li (Note: MAY BE POST 6	
	aventura R 3318D		St. 200	
	William 12 33180	/	A suit	B 2216-2
			Wentma	R 33180.
	11/10/2014		1300002	80/0
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)			_	
	Registered Agent and Registered Office shown on the records of the	e Florida Dept. of Stat	e:	
	Registered Office Address (BUST BE FLORIDA STREET AL	c 312	_	TAC SE
	Registered Office Address [INUST BE PEURIDA STREET AL	<u>DDRESS)</u>		SEP
			_	P 30
	Hventuna, FL	33180	<del>-</del>	四二季
(b)	Carlos Gutierres			대
ζ-7	Enter name of NEW Registered Agent and/or NEW Registered O	ffice address:	<del>-</del>	56 Ser
	21500 Biscape Bu	d	_	<i></i>
	NEW Registered Office Address:			
	4/1 302		_	
	Cerentain El	33180		
If the l	imited liability company is not organized under the laws	of the State of El	arida it is harahu aanfi	amod that after
the cha	limited liability company is not organized under the laws ange or changes are made, the Florida street address of the	he registered offic	e and the business office	ce of the registered
was/w	will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative yote of the members of	the limited liabilit	y gompany or as other	t the change(s) wise provided in
the art	icles of organization or the operating agreement of the li	mited liability cor	npany.	
Signa	sture of a member of authorized representative of a member	<i>U</i>	Printed or typed name of s	ignee
I here	by accept the appointment as registered agent and agree	e to act in this can	acity. I further goree t	o comply with the
provisi the obi to mer	ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided elv reflect a change in the registered office address. I he	erformance of my for in Chapter 60: creby confirm that	duties, and I am famili 5, F.S. Or, if this docur the limited liability cor	ar with and accept nent is being filed npany has been
notifie	d'in riting of this change.		-	- ·

Division of Corporations ◆ P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent