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COVER LETTER

Division of Corporations
SUBJECT: BH3 Reacty UC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ornanda Scott Name of Person
BH3 Reach LLC
21500 Biscarre Blvd. Ste 302
aventum, T2 33180 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at 454 416-3140 left 352 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$\Bigcu

MAILING ADDRESS:

TO:

Registration Section

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 Company as it now appears on our records.) (A Floridal Amited Liability Company)							
he Articles of Organization for this Limited Liability Company were filed on $\frac{2/23/13}{4000000000000000000000000000000000000$							
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 contain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)							
Enter new mailing address, if applicable:							
(Mailing address MAY BE A POST OFFICE BOX)							
B. If amending the registered agent and/or registered office address on our records, enter the name of t							
B. It amending the registered agent and/or registered office address on our records, enter the name of t registered agent and/or the new registered office address here:	ne new						
Name of New Registered Agent:							
ŷ.							
New Registered Office Address: Enter Florida street address							

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR_	John Pagat	21500 Biscayne Blish Auto 302. Aventum, Fr 33180	OLAdd
		Uventuin, h 33/80	D □ Remove
			Change
Mak	Carlos Gutiereiz	1500 BISCAJE G Sente 3020 Aventum TZ 331	₩•□ Add
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rosord speci	fies a delayed after the reco		te, but not a	an effective	time, at 12	:01 a.m. o	n the earlier
The 90th day ,	-20-17	7	-	0	AA		~
The 90th day ,		Signature of a me	mbe or authorize	ed representativ	e of a member		~

Page 3 of 3

Filing Fee: \$25.00