L14000076207

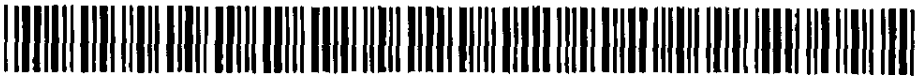
Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000145435 3)))



H14000145435ABC.

Note: *DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.*

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BOWEN, RADSON, SCHROTH, P.A.
Account Number : I20010000026
Phone : (352)589-1414
Fax Number : (352)589-1726

RECEIVED
2014 JUN 18 AM 8:1
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: dschroth@brslegal.com

RECEIVED
14 JUN 18 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BHI PROPERTIES OF CENTRAL FLORIDA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$25.00

JUN 19 2014

T CLIN.

Electronic Filing Menu Corporate Filing Menu Help

(((H14000145435 3)))

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: BHI Properties of Central Florida, LLC
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:

Derek A. Schroth
Name of Person

Bowen & Schroth, P.A.
Firm/Company

600 Jennings Avenue
Address

Eustis, FL 32726
City/State and Zip Code

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

FILED
2014 JUN 18 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Derek A. Schroth at (352) 589-1414
Name of Person — 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

(((H14000145435 3)))

ARTICLES OF AMENDMENT(((H14000145435 3)))
TO
ARTICLES OF ORGANIZATION
OF

BHI PROPERTIES OF CENTRAL FLORIDA, LLC
(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 Liability Company were filed on 5/24/14 and assigned Florida document number L13000076207.

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)

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 the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:
Enter Florida street address

, **Florida**
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 liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRM	Carrie Simmons	18501 Demko Road Altoona, FL 32702	☐ Add ■ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

2014 JUN 18 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H14000145435 3)))

D. If amending any other information, enter change(s) here: *(Attach additional sheet(s) if necessary.)* (((H14000145435 3)))

E. **Effective date, if other than the date of filing:** _____ **(optional)**
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 14 2014

Signature of a member or authorized representative of a member

Derek A. Schroth, Esq., Registered Agent and Attorney for

Typed or printed name of signee

2014 JUN 18 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: $25.00

(((H14000145435 3)))