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(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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G. HARVEY

EXAMNER

COVER LÉTTER

TO: Registration S Division of Co				
	NVESTMENTS 1 LLC			
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	GRATSIANI, GIDEON	MG		
		Name of Person		
	BH-NV INVESTMENTS	1 LLC		
		Firm/Company		
	PO BOX 820			
		Address		
	HALLANDALE, FL 330	08	2015 MAY	
	DA@FST26.COM	City/State and Zip Code		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	E-mail address: (to be used for future annual report notifi	677 - 4	} ************************************
For further information	concerning this matter, please c	all:		, V
DANIEL ARKUSH		954 393-1151 at ()	PN 4: 25	
Name	of Person		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

BH-NV INVESTMENTS 1 LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears o Liability Company)	n our records.)	· · · · · ·
The Articles of Organization for this Limited I Florida document number L13000156153	Liability Company	were filed on 11/06	/2013	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	oility company here	;	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desig	gnation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		975 NORTH MIA	MI BEACH BLVD #	234
(Principal office address MUST BE A STREET ADDRESS)		NORTH MIAMI F	BEACH , FL 33162	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of	Vor registered o		ur records, <u>enter</u>	2015 BAY 28 PH the name of the n
Name of New Registered Agent:				
New Registered Office Address:	975 NORTH N	MIAMI BEACH BLVI Enter Florida) #234 street address	
	NORTH MIAN	ИІ ВЕАСН	, Florida	162
		City	, 1 1011044	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
<u>.</u>			Add
			Remove
			Change
			
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f an effective date is listed, the date mus	date of filing: be specific and cannot be prior to date of fine to date of fine to date of fine to date of fine to date of statut of state's records.	iling or more than 90 days after filing	g.) Pursuant to 605.020
e record specifies a delayed The 90th day after the reco	effective date, but not an effeord is filed.	ective time, at 12:01 a.m.	on the earlier o
Dated MAY 19	, 2015		

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Filing Fee: \$25.00