Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H14000268024 3)))



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Division of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN P3 INVESTMENTS I, LLC

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11/18/14 11:16AM EST Barbosa Legal -> Division of Corporations 8506176383 Pg 2/5 H140002680243 COVER LETTER TÓ: Registration Section Division of Corporations P3 INVESTMENTS I, 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: Bruna Barbosa Name of Person Barbosa Legal Firm/Company 407 Lincoln Road, Penthouse NE Miami Beach, FL 33139 City/State and Zip Code bbarbosa@barbosalegal.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Bruna Barbosa Daytime Telephone Number Name of Person

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

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H14000268024 3 ARTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION SECRETARY OF STATE TALLAMASSEE, FLORIDA



2014 HOV 18 AM 9: 00

P3 INVESTMENTS I, LLC			-	
(Name of the Limite	I Liability Compa A Florida Limited	ny as it now appears on ou Liability Company)	r records.)	
The Articles of Organization for this Limited Lia Florida document number L14000042833	bility Company	were filed on 03/13/2	and assigned	
This amendment is submitted to amend the follow	wing:			
A. If smending name, enter the new name of	the limited liab	ility company here:		
N/A				
The new name must be distinguishable and end with the w	ords "Limited Liab	oility Company," the designs	tion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		240 Crandon Blvd., Suite 250		
		Key Biscayne, FL 33149		
Enter new mailing address, if applicable:		407 Lincoln Road, Penthouse NE		
(Mailing address MAY BE A POST OFFICE BOX)		Miami Beach, FL 33139		
B. If amending the registered agent and/or registered agent and/or the new registered off Name of New Registered Agent: New Registered Office Address:	Barbosa Le	<u>e</u> :	NE	
	Miami Bead	ch	, Florida 33139	
		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. Bruna Barbosa

If Changing Registered Agent, Signature of New Registered Agent

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MGR = Manager

AMBR = Authorized Member

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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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BH-X2 Management, LLC	407 Lincoln Road, PH-NE	■ Add
		Miami Beach, FL 33139	Remove
AMBR	Butani Capital Partners LLC	780 NE 69 St.	[] Add
		Miami, FL 33138	■ Remove
			□ Add
			_□ Remove
			Add
			_□ Remove
			_ _□ Add
			_□ Remove
			Add
			_□ Remove

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D. If a	mending any other information, en	H14000268024 3 ter change(s) here: (Attach	additional sheets, if nec	essary.)		
	N/A					
						
						
(The	ective date, if other than the date of effective date must be specific, cannot be pric date this document is filed by the Florids Dep	r to date of receipt or filed date and	cannot be more than 90 days	onal) after		
Dat	_{led} November 18	, 2014				
	Bruna Bay					
	Signatur	e of a member or authorized repres	entative of a member			
	Bruna Barbosa, E			<u></u>		
		Typed or printed name of s	ignee			

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Filing Fee: \$25.00