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SECRETARY OF STATE DIVISION OF CORPORATIONS

N COOPER JUN 0 7 2018

COVER LETTER

TO: Registration Solution of Con			
BHMV Ho SUBJECT:	olding LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Mark Sobocienski		
		Name of Person	
	Mark Sobocienski		
		Firm/Company	
	6961 Indian Creek Drive		
		Address	 _
	Miami Beach, Florida 331	41	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
Mark Sobocienski		3053 397-8476	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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, F1, 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

BHMV Holding LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records. I Liability Company))
The Articles of Organization for this Limited Liability Compar Florida document number $\frac{L14000104377}{L14000104377}$.	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility 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)		SECRET JUN
Enter new mailing address, if applicable:		- 6 COY
(Mailing address MAY BE A POST OFFICE BOX)		2 22 0
		8 - RATIO
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		enter the name of the ne
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida Zip Code
	Cuỳ	гір соас

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, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Bruce Hornstein	6961 Indian Creek Drive	
		Miami Beach, Florida 33141	■ Remove
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			□ Add
			☐ Remove
			□ Change
		 	
			Remove
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		.	Add
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			☐ Change
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			Remove
			Change

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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does no	t meet the appl	icable statutory	g or more than 90 day filing requirement	(optional) s after filing.) Pursuar is, this date will not	nt to 605,0207 be listed as
the record specifies a delayo) The 90th day after the re	ed effective cord is filed	date, but r d.	iot an effect	ive time, at 12	:01 a.m. on the	earlier of
Dated June 4		2018	<u></u> .			
		1				

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Typed or printed name of signee

Filing Fee: \$25.00