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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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| TO: Registration Se Division of Cor | | | |
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| SUBJECT:B | HMV HOLDING | 110 | |
| Sobject. | | ited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | Broce_ | Hornstein Name of Person | |
| | Bruce Ho | rnstein, P.A. Firm/Company | |
| | 6461 Indian Cr | ecki Drive Address | ··· |
| | Mianu Bea | City/State and Zip Code | ·/ |
| | <u>Bhornstein(</u> E-mail address: (1 | a hornstein pa. com | fication) |
| For further information co | oncerning this matter, please ca | all: | |
| Ashley Name o | Desou-za Person | at (<u>305</u>) <u>397</u> – Area Code Daytime | 8476 e Telephone Number |
| Englosed is a check for th | ne 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 Addres Registration S | | Street Address: Registration Sec | etion |
| Division of C | orporations | Division of Cor | porations |
| P.O. Box 632 Tallahassee, I | | The Centre of T 2415 N. Monro | allahassec e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BHMV HOLDIN | 2023 14 AM 8: 04 | | | |
|---|--|---------------------------------|--|--|
| (Name of the Limited Liability Compar (A Florida Limited L | y as it now appears on our recordiability Company) | <u>ds.</u>) | | |
| The Articles of Organization for this Limited Liability Company | were filed on 06/30/ | 14 and assigned | | |
| Florida document number <u>L14000104377</u> . | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | | | |
| The new name must be distinguishable and contain the words "Limited Liabili | ity Company," the designation "LLC | 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) | | - | | |
| | | <u> </u> | | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records, <u>enter</u> | the name of the new registered | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| | Enter Florida street addre. | SS | | |

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.

City

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 AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------|---|----------------|
| MGR | RODOLFO MARTIN | 827-81" Street; #4 Miami Beach, FL 33141 | 52∕Add |
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| record spe Lis filed. | ecifies a deta | yed effecti | ive date, bu | it not an | effective | time, at 12 | :01 a.m. o: | n the earlic | er of; (b) | The 90th | day after th | ıe |
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| _ | | | Val. La Signature | <u>Mr</u> | her or auti | incized repr | accontation of | To mumber | | | | |
| | | | Signature | or a men | ioer or duti | ionzea repi | esemanive c | n a member | | | | |

Filing Fee: \$25.00