L14000115453

(Requestor's Name) (Address) (Address)	600385351616	
(City/State/Zip/Phone #)	FILED 2022 APR 14 AM 8: 46 2 TOLETANY OF STATE TALLAHASSEE. FL	
Certified Copies Special Instructions to Filing Officer:	APR 15 TOTA APR 15 TOTA ALBRITTON	



115 N CALHOUN ST., STE, 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Date:	April 14, 2022	Account#: I2000000088		
Name:	David Shulman	_		
Reference	#:1642378			
Entity Nam	ne:BH PE	NSAM HAWTHORNE, LLC		
Articles of Incorporation/Authorization to Transact Business				
Amend	ment			
🗌 Change	e of Agent	ISSUES? CALL		
🗌 Reinsta	itement	David:		
Conver	sion	850-270-0082		
🗌 Merger				
🗌 Dissolu	tion/Withdrawal			
Fictitiou	is Name			
Other _	Please provide a certified copy			

Authorized Amount: \$55.00

David Shulman

Signature:

ASIA PACIFIC HQ
COGENCY GLOBAL (HK) HAMPED
ANDRO-DNG ANTEDCT MANY
INFENTIUS PLAZA 1211 FL
199 DES VOEUX RD CENTRAL
HONG KONG
+852.3975.1803

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BH Pensam Hawthorne, LLC (<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on	7/22/2014	and assigned
Florida document number 1 14000115453		

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:	~~
(Principal office address MUST BE A STREET ADDRESS)	022
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	LA L

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	uddress
		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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

<u>Title</u>	<u>Name</u>	Address	<u>Type of Action</u>
MGR	BH Equities, L.L.C.	400 Locust Street, Suite 790	🗆 Add
		Des Moines, IA 50309	IX Remove
			🗆 Change
			🗆 Add
			🗆 Remove
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			🗆 Add
			🗆 Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

,	
(If an ef <u>Note:</u>	tive date, if other than the date of filing: $4/14/22$ (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Porsuant to 605.0207 (3)(b) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
If the record record is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	<u>April 14</u> . 2022

1.	<u>م</u>	-	-,

Signature of a member or authorized representative of a member

Gavin Beekman, Authorized Signatory

Typed or printed name of signee

Filing Fee: \$25.00