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TALLAHASSEE FLORIDA

JAN 28 2015

D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BHNT 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:

MICHELE GOREN

Name of Person

BHNT LLC

Firm/Company

1962 NE 6TH ST #4B

Address

DEERFIELD BEACH, FLORIDA 33441

City/State and Zip Code

mjjk@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHELE GOREN

Name of Person

954

Area Code

573-7885

Daytime Telephone Number

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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**

BHNT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on SEPTEMBER 22, 2014 and assigned
Florida document number L14000147715.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1962 NE 6TH ST #4B

(Principal office address MUST BE A STREET ADDRESS)

DEERFIELD BEACH, FL 33441

Enter new mailing address, if applicable:

1962 NE 6TH ST #4B

(Mailing address MAY BE A POST OFFICE BOX)

DEERFIELD BEACH, FL 33441

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

Name of New Registered Agent:

MICHELE GOREN

New Registered Office Address:

1962 NE 6TH ST #4B

Enter Florida street address

DEERFIELD BEACH

Florida

City

33441

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.

Michele Goren
If Changing Registered Agent, Signature of New Registered Agent

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:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MICHELE GOREN	1962 NE 6TH ST #4B	<input checked="" type="checkbox"/> Add
		DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Remove
AMBR	JASON RYAN	1603 IDLEWOOD ROAD	<input checked="" type="checkbox"/> Add
		GLENDAL, CALIFORNIA 91202	<input type="checkbox"/> Remove
MGR	MICHAEL BURGER	81 NE 48TH ST	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33334	<input checked="" type="checkbox"/> Remove
AMBR	MICHAEL BURGER	81 NE 48TH ST	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33334	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

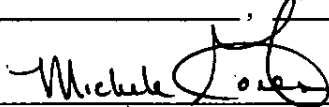
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JANUARY 9, 2015



Signature of a member or authorized representative of a member

MICHELE GOREN

Typed or printed name of signee

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Filing Fee: \$25.00

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