(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100379992561

RECEIVED

FEB 1 6 2022 ALBRITTON



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

Account#: I20000000088

Date: February	15, 2022	Account#. 12000000000
Name: Eric	Hood	
Reference #:	1594312	<del></del>
Entity Name:	BHPC BARRI	NGTON, LLC
Articles of Incorp	oration/Authorizat	ion to Transact Business
✓ Amendment		
Change of Agent		
Reinstatement		
☐ Conversion		
Merger Merger		
☐ Dissolution/Witho	Irawal	
☐ Fictitous Name		
✓ Other		CERTIFIED COPY
Authorized Amount:	\$55.00	<del></del>
Signature:	Tric Hood	

+1.212.947.7200

+852.3975.1803

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BHPC Barrington,	LLC	
(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on our records. Liability Company)	)
The Articles of Organization for this Limited Liability Company	were filed on04/02/2015	and assigned
Florida document number <u>L15000058464</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	hty 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)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		TILED WHEB 15 M B:
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter tl</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flor	rida
	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 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>	Name	Address	Type of Action
MGR	BH Equities, L.L.C.	400 Locust Street, Suite 790	□Add
		Des Moines, IA 50309	⊠Remove
			□ Change
			🗖 Add
			Remove
			□Change
			□Add
			□Remove
			□Change
		-	□Add
			Remove
			□Remove
			□ Change
		<del></del>	⊡Add
			□Remove
			□ Change

-	
Note: If the dat	if other than the date of filing: 2/15/2022 (optional) is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) is inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the crive date on the Department of State's records.
he record specific ord is filed.	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	February 15 . 2022 .
	that we want to the same of th
	Signature of a member or authorized representative of a member
	Gavin Beekman, Authorized Signatory
	Evped or printed name of signee

Filing Fee: \$25.00