## L15000129138

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ad                     | ldress)            |           |
| (Ad                     | ldress)            |           |
| (Cit                    | ty/State/Zip/Phone | #)        |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | isiness Entity Nam | e)        |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |

Office Use Only



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08/07/15--01001--006 \*\*25.00



M. MILLIGAN EXAMINER

AUG - 6 2015

**Wolters Kluwer** 

2075 Centre Pointe Blvd Ste. 101 Tallahassee, FL 32308

850-205-8842

| BAL' | TUS | 805 | LL | C |
|------|-----|-----|----|---|
|------|-----|-----|----|---|

L15000129138

| () Nonprofit           | (X) Amendment             | () Merger     |
|------------------------|---------------------------|---------------|
| ()Domestic Corporation |                           |               |
|                        | () Dissolution/Withdrawal | () Mark       |
| () Limited Partnership | () Reinstatement          |               |
| () LLC                 | () Annual Report          | () Other      |
|                        | () Name Registration      |               |
| () Certified Copy      | () Fictitious Name        |               |
|                        |                           | () CUS        |
|                        | () Photocopies            |               |
| (x) Walk In            |                           | () After 4:30 |
| () Mail Out            | () Will Wait              | (x) Pick Up   |
| Name                   |                           |               |
| Availability           | 8/6/2015                  | Order#        |
| Document               |                           | 9651807       |
| Examiner               | KM                        |               |
| Updater                |                           | Ref#:         |
| Verifier               |                           |               |
| W.P. Verifier          |                           |               |
|                        |                           | Amount: \$    |
|                        |                           |               |

## **COVER LETTER**

| TO:  |  |  |   |
|--|--|--|---|
| CII GII C  |  | TUS 805 LLC  |   |
| SUBJE  |  | Name of Limited Liability Company  |   |
|  |  |  |   |
| The en   | closed Articl  | es of Amendment and fee(s) are submitted for filing.   |   |
| Please   | return all cor   | respondence concerning this matter to the following:   |   |
| Division of Corporations  SUBJECT:    BALTUS 805 LLC |  |  |   |
|  |  | Name of Person   | \$60.00 Filing Fee,<br>Certificate of Status &  |
|  |  | Articles of Amendment and fee(s) are submitted for filing.  If Articles of Amendment and fee(s) are submitted for filing.  If all correspondence concerning this matter to the following:    Jesika Diaz |   |
|  |  | Firm/Company   |   |
|  |  | 2199 Ponce de Leon, Suite 301  |   |
|  |  | Address  |   |
|  |  | Coral Gables, FL 33134   |   |
|  | BALTUS 805 LLC  Name of Limited Liability Company  enclosed Articles of Amendment and fee(s) are submitted for filing.  se return all correspondence concerning this matter to the following:    Jesika Diaz |  |   |
|  |  |  | ing:  of Person  company  dress  and Zip Code  future annual report notification)  05 |
| For fur  | ther informa   |  |   |
| Jesika   |  | at ( )   |   |
|  | N  | ame of Person Area Code Daytime Telephone Number   |   |
| Enclos   | ed is a check  | for the following amount:  |   |
| \$2  | 5.00 Filing F  | Certificate of Status Certified Copy Certificate of (additional copy is enclosed) Certified Copy   | f Status &<br>py  |

MAILING ADDRESS:

5 July 16

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

**BALTUS 805 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 Liabi  | ility Company were filed on 07/29/2015              | and assigned                   |
|--|---|--------------------------------|
| Florida document number L15000129138   | <del></del> '                                       |                                |
| This amendment is submitted to amend the following   | ing:  | ,                              |
| A. If amending name, enter the new name of th  | e limited liability company here:                   |                                |
| BH DESIGN 805 LLC  |   |                                |
| The new name must be distinguishable and contain the word                                    | s "Limited Liability Company," the designation "LLC | " or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicabl  | e:  |                                |
| (Principal office address MUST BE A STREET A   | ADDRESS)  |                                |
| Enter new mailing address, if applicable:  |   |                                |
| Untar now mailing address if applicable.   |   |                                |
| (Mailing address MAY BE A POST OFFICE BO   | X)  |                                |
|  |   |                                |
| B. If amending the registered agent and/or registered agent and/or the new registered office |   | , enter the name of the new    |
| Name of New Registered Agent:  |   |                                |
| New Registered Office Address:   | 7. 7. 1   |                                |
|  | Enter Florida street addres:                        | 5                              |
| <u>-</u>   | /   | orida                          |
|  | 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

| <u> Citle</u>                          | <u>Name</u> | <u>Address</u> | Type of Action |
|--|-------------|----------------|----------------|
|  |             |                | <b>5</b>       |
|  |             |                | □ Remove       |
|  |             |                | Change         |
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| Note: III         | e date, if other than the date of filing:   | .0207 (<br>ed as i |
| e recor<br>The 90 | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie<br>Oth day after the record is filed. | er of:             |
| Au<br>Dated       | 2015  |                    |
|                   | $\{(a,b),(a,b)\}$   |                    |
|                   | Signal proof a member (H37301)  |                    |

Page 3 of 3

Filing Fee: \$25.00