## 45000129145

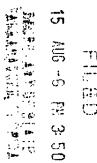
(R	equestor's Name)	
(Ad	ddress)	
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(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(8)	usiness Entity Nam	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
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M. MILLIGAN EXAMINER

AUG - 6 2015

**Wolters Kluwer** 

() Nonprofit

2075 Centre Pointe Blvd Ste. 101 Tallahassee, FL 32308

850-205-8842

() Merger

<b>BALTUS 1107 LLC</b>
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L15000129145

()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		<del></del>
		Amount: \$

(X) Amendment

## **COVER LETTER**

TO: Registration Se Division of Cor		
SUBJECT: BALTUS 1		
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspondence	endence concerning this matter to the following:	
	Jesika Diaz	
	Name of Person	
	Law Offices of Alex D. Sirulnik, P.A.	
	Firm/Company	
	2199 Ponce de Leon, Suite 301	
	Address	
	Coral Gables, FL 33134	
	City/State and Zip Code	
	jdm@sirulniklaw.com	
	E-mail address: (to be used for future annual report notification)	
For further information c	oncerning this matter, please call:	
Jesika Diaz	305 443-7211 at ()	
Name o	f Person Area Code Daytime Telephone Number	_
Enclosed is a check for the	ne following amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is	tatus &

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**

	TO	_
ARTIC	LES OF ORGANIZATION	5
	OF	The state of the s
BALTUS 1107 LLC		ds.)
(Name of the Limited I	Liability Company as it now appears on our record Florida Limited Liability Company)	<u>ds.</u> )
(A.	Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	lity Company were filed on 07/29/2015	and assigned
Florida document number L15000129145		
Tiorida document number	<del></del> ,	
This amendment is submitted to amend the followi	ng:	
A Teamonding many and the second second	P. W. A. H. J. P. C.	
A. If amending name, enter the new name of th	e limited liability company here:	
BH DESIGN 1107 LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
		<del></del>
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	X)	
		<del></del>
B. If amending the registered agent and/or	registered office address on our record	s enter the name of the new
registered agent and/or the new registered office		s, enter the name of the neu
Name of New Registered Agent:		
Name of New Negistered Agent.		
New Registered Office Address:		
	Enter Florida street addres	55
	. हा	orida
<del>-</del>	City	Zip Code
New Degistered Agent's Signature if shouging Degi	stand Asset	

## 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

IGR = M $MBR = A$	lanager Authorized Member		
<u>itle</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Change
			□ Add
			□ Remove
			□ Change
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☐ Change

If amending any other inform					,,,
The second of th		A. W. W. S. T. P			
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	<u> </u>			· · · · · · · · · · · · · · · · · · ·	
Effective date, if other than the liften effective date is listed, the date in Note: If the date inserted in this document's effective date on the	DIOCK does not meet	i the applicable	te of filing or more t statutory filing red	(optiona han 90 days after filit quirements, this da	l) ig.) Pursuant to 605.0207 e will not be listed as
ne record specifies a delayon The 90th day after the re	ed effective date cord is filed,	e, but not ar	effective time	e, at 12:01 a.m	. on the earlier of
Dated August 5		2015 .			
	Bignature of a men	aus iber or authorized	representative of a	member (Ho	1802)
	Mo	1000	D/SISFA	Jo	

Page 3 of 3

Filing Fee: \$25.00