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TALLAHASSEE FLORIDA

AUG 2 5 2018
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## COVER LETTER

Division of Corp			
SUBJECT: BJHP		ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Bonnie J	Name of Person	
	BJHPROPE	RTIES LLC Firm/Company	
	381 S H	elly brook Dr	+207
	Pembroke	City/State and Zip Code	3025
	E-mail address: (	51@ Q D L . CO T to be used for future annual report notifi	(cation)
For further information co	ncerning this matter, please ca	all:	
Bonnie J Name of	Person	at (305) SOT - Area Code Daytime	9936 Telephone Number
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

BJHPROPERTIES LLC (Name of the Limited Liability Compa (A Florida Limited)	The state of the s
(A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $09-26-2016$ and assigned
Florida document number L1600096295	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	TAL SE
(Principal office address MUST BE A STREET ADDRESS)	ER G T
	\$5.5 ZO
	75 呈 円
Enter new mailing address, if applicable:	70
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o	office address on our records, enter the name of the new
registered agent and/or the new registered office address her	
Name of New Davistand Access	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>
I hereby accept the appointment as registered agent and agr	ree to act in this capacity. I further agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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, enter the title, mane, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title Address Name Type of Action AMBR Christopher M Tucitlo 3990 N 39+h Ave Hallywood, 7L 33021 DRem Change D Add ☐ Remove O Change O Remove 8 in Engr Semove O Change EDA CI ☐ Remove O Change □ Add ☐ Remove □ Change

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lf an efl <u>Note:</u>	ive date, if other than the date of filing:  [coptional fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date then the date on the Department of State's records.	g.) Pursuant to 605.020
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed.	on the earlier
Dated	August 16 2018.  Bonnel Thele  Signature of a member or authorized representative of a member	
	Donnie V'Hel	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00