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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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2016 DCT -5 PM 3: 4-5

K. SALY OCT -7 2016

COVER LETTER

Articles of A	Name of Lim Mame of Lim mendment and fee(s) are subsequence concerning this matter	_	
	mendment and fee(s) are sub	mitted for filing.	
		_	
all correspon	dence concerning this matter	to the following:	
	Natasha Friedenberg		
		Name of Person	
	BH Island Holdings, LLC		
		Firm/Company	
	555 NE 185 St., Ste. 201		
		Address	
	Miami, FL 33179		
	natasha friadanhara@dfass	City/State and Zip Code	
			tification)
ormation co			,
lenberg			ext. 1156
Name of	Person	Area Code Daytin	me Telephone Number
check for the	following amount:		
ling 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)
	Name of l	Miami, FL 33179 natasha.friedenberg@dfass. E-mail address: (of the following amount: ling Fee \$30.00 Filing Fee &	BH Island Holdings, LLC Firm/Company 555 NE 185 St., Ste. 201 Address Miami, FL 33179 City/State and Zip Code natasha.friedenberg@dfass.com E-mail address: (to be used for future annual report no formation concerning this matter, please call: lenberg Name of Person Area Code Daytin check for the following amount: ling Fee \$30.00 Filing Fee & Certified Copy

MAILING ADDRESS:

TO:

Registration Section

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 ARTICLES OF ORGANIZATION OF

ARTIC	CLES OF O	RGANIZATION F	20/6 OCT -5 PM 3: 45 cords DLAHASSEE SIA and assigned
BH Island Holdings, LLC			See See
(Name of the Limited	Liability Compar A Florida Limited L	ny as it now appears on our re liability Company)	cords LAHARY OF STA
The Articles of Organization for this Limited Lia	bility Company	were filed on 07/18/2016	and assigned
Florida document number L16000132323			**
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liabi	llity company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liabil	ity Company," the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	555 NE 185 St., Ste. 201	
(Principal office address MUST BE A STREET	ADDRESS)	Miami, FL 33179	
Enter new mailing address, if applicable:		P.O. Box 380758	
(Mailing address MAY BE A POST OFFICE BOX)		Miami, FL 33238-0758	
			
B. If amending the registered agent and/or registered agent and/or the new registered off	r registered of ice address her	ffice address on our rec e:	cords, enter the name of the new
Name of New Registered Agent:	Mitrani, Isaac I	Esq.	
New Registered Office Address: 301 Arthur Godfrey Road, Penthouse Enter Florida street address		nddress	
	Miami Beach		, Florida
		City	Zin 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Prince, Will Esq.		□ Add
		1691 Michigan Ave., Ste 360, Miar	Remove
			□ Change
MGR	Juliette Klepach	555 NE 185 St., Ste. 201, Miami, F	Add
			□ Remove
			☐ Change
			Add Remove
			Remove 5
			FEG. S.
			☐ Remove
		 	Change
			□ Add
			☐ Remove
			Change
			Add
			Remove
			Change

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Signature of a member or authorized representative of a member.	·	
X Juliette Keyan Signature of a member or authorized representative of a member	September 21 2016	
Signature of a member or authorized representative of a member	() - ()	
	X Julielle Regan	for more how
	Juliette Klepach	

Page 3 of 3

Filing Fee: \$25.00