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Division of Corporations

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From:

Account Name : SIEGELAUB ROSENBERG P.

Account Number : I19990000058 Phone : (954)753-2222 Fax Number : (954)753-1123

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

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BH\$ CONTAINER SERVICES, LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION # 2000035 66553 OF

(Name of the Limited Liability (A Florida	y Company as It now as Limited Liability Compa	opears on our reco	ords.)		
The Articles of Organization for this Limited Liability Co	omnany wara filad o	09/07/2016		and ass	ioned
	onipany were med or	" 		atto ass	gaca
Florida document number L16000167250	 •	. 'z.			
This amendment is submitted to amend the following:		5 .			
A. If amending name, enter the new name of the limit	ted liability compan	ıv hei			
BHS PROPERTIES, LLC					
The new name must be distinguishable and contain the words "Limit	ted Liability Company,"	the der gnation "L	LC" or the abbr	eviation "	L.C."
Enter new principal offices address, if applicable:				·	
(Principal office address MUST BE A STREET ADDRE	<u> </u>				
	.			 ,-	
		I	—	re-a	
Enter new mailing address, if applicable:				? 55	
(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>	***
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B. If amending the registered agent and/or registered	office address on o	ur regads, <u>ent</u>	er the name	of the nev	v register
agent and/or the new registered office address here:			4.5		
			-,	, Ot	
Name of New Registered Agent:					
New Registered Office Address:					
	Enter	Floric street add	ress		
		<u> </u>	Florida	<u> </u>	
	City	n'		Zip Code ¹	
New Registered Agent's Signature, if changing Registered	Agent:				
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered agineeing filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performanc ent as provided for	e of my duties, in Chapter 60.	and I am fai 5, F.S. Or, if	millar w⊠ this doc∈	h and ment is
					
			(3) 5		
	If Changing Registere	d Agent, <u>Signatur</u>	e of New Regis	tered Ageri	

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR =	Manager	
AMBR =	Authorized	Member

Title	Name	Address	Type of Action
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