Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	page. Doing so will generate another cover sheet.	£15.	•
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To:	Division of Corporations		
	Fax Number : (850)617-6383	•	
From:		÷	
	Account Name : NATALIE M. BURNS PL Account Number : 120140000036	•	•
	Phone : (305)733-8223	** *** ***	
	Fax Number : (561)450-5105	-	
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Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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BPH ENTERPRISES, LLC	•
(Name of the Limited Liability Comp (A Florida Limited	any as <u>it now appears on our records.</u>) Liability Company)
The Articles of Organization for this Limited Liability Companies Florida document number	y were filed on 09/09/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	The state of the s
(Principal office address MUST BE A STREET ADDRESS)	~ (~ L.)
	P 2: 00 F STATE FLORID
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
Name of New Registered Agent:	office address on our records, enter the name of the new
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, If changing Registered Agent	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as heing filed to merely reflect a change in the registered office company has been notified in writing of this change.	provided for in Chapter 605, F.S. Or, if this document is
If Ch	onging Registered Agent, Signature of New Registered Agent
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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>	Name	<u>Address</u>	Type of Action
MGR	ZHIMIN HE	2224 BALSAN WAY	= Add
		WELLINGTON, FL 33414	☐ Remove
			Change
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. If amen	ding any other informatio	n, enter change(s) here: (Attach additional shee	ets, if necessary.)	(((H16000253940 3)
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Note: It	e date, if other than the da tive date is listed, the date must be I the date inserted in this block n's effective date on the Depa	ate of filing: specific and camot be prior to date of filing or more than 9000 to does not meet the applicable statutory filing requires attment of State's records.	(optional) O days after filing.) Pur ments, this date will	resumment to 605.0207 (3)(b) not be listed as the
the reco	ord specifies a delayed e 10th day after the record	ffective date, but not an effective time, at	12:01 a.m. on	the earlier of:
-	OCTOBER 13	2016	This control of the c	
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·8	Sig WILLIAM P. HURLEY	mature of a metaber or authorized representative of a memb	ber Carl	
·•	V TOTAL STATE OF THE STATE OF T	Typed or printed name of signee		<u>></u> ⊃ æ

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Filing Fee: \$25.00