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COVER LETTER

	gistration S vision of Co	rporations				
SUBJECT:	B.H.F.A.	LLC				
Name of Limited Liability Company						
The enclosed	d Articles of	f Amendment and fee(s) are su	bmitted for filing.			
Please return	all corresp	ondence concerning this matte	r to the following:			
		Nisha Krishnan				
	Name of Person					
	B.H.F.A. LLC					
			Firm/Company			
	3404 North Lecanto Highway Suite A					
			Address			
		Beverly Hills, Florida 344	65			
			City/State and Zip Code	···		
		info@beverlyhillsfootunkle				
For further in	formation c	h-mail address: oncerning this matter, please o	to be used for future annual report notical;	fication)		
Carla Venard			352 726-6767			
	Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed is a	check for th	ne following amount:				
⊋ \$25.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MATLING 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**

Florida document number L17000022182 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LL	B.H.F.A. LLC			
Florida document number L17000022182 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" or the abbreviation "LLC" or the abbreviation "LAC". Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:	(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" or the ab	The Articles of Organization for this Limited Liability Company	y were filed on January 27, 2017	and assigned	
A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:	Florida document number L17000022182			
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:	This amendment is submitted to amend the following:			
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(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:	F-4			
B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:	· ••			
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registered agent and/or the new registered office address here:				
registered agent and/or the new registered office address here:	B. If amending the registered agent and/or registered of	ffice address on our records, ente	er the name of the new	
Name of New Registered Agent:	registered agent and/or the new registered office address her	<u>e</u> :		
Name of New Registered Agent.	Name of New Registered Agents			
	Hane of Hew Registered Agent.			
New Registered Office Address:	New Registered Office Address:		<u> </u>	
Enter Florida street address		Enter Florida street address		
City , Florida Zip Code		, Florida		
-		City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	dew Registered Agent's Signature, if changing Registered Agent:			

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

Title	Name	Address	Type of Action
AMBR	Devilkarani Krishnan	3404 North Lecanto Highway	
		Beverly Hills, Florida 34465	■ Remove
			□ Add
			Remove
			Remove 17 Charge Change
			□ Change
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