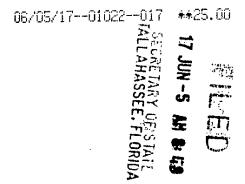
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(R	equestor's Name)	
(A	ddress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	

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COVER LETTER

TO:	Registration Se Division of Cor			
CLID		Hallandale LLC		
SUB	JECT:	Name of Lin	nited Liability Company	
The o	enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Pleas	se return all correspo	ndence concerning this matter	to the following:	
		Avi Shlomo		
			Name of Person	
		4400 West Hallandale LLG	9	
			Firm/Company	
		4520 W. Hallandale Beach	ı Blvd., Unit # 2	
			Address	
		Pembroke Park, FL 33023		
			City/State and Zip Code	
		bshpropertyllc@gmail.com		
For fi	urther information co	e-mail address: (oncerning this matter, please c	to be used for future annual report notitall:	ication)
Diana	a Vazquez		305 249-3051	
	Name of	f Person	Area Code Daytime	e Telephone Number
Enclo	osed is a check for th	e 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

4400 West Hallandale LLC	•					
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Liability Company Florida document numberL17000059978	were filed onand assigned					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	vility company here:					
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:	4400 West Hallandale Beach Blvd					
(Principal office address MUST BE A STREET ADDRESS)	Pembroke Park, FL 33023					
Enter new mailing address, if applicable:	4520 W. Hallandale Beach Blvd, Unit # 2					
(Mailing address MAY BE A POST OFFICE BOX)	Pembroke Park, FL 33023					
B. If amending the registered agent and/or registered or registered or registered agent and/or the new registered office address her						
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:

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 = N $AMBR = A$	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		Signature	diam'r.	fiber or aut	norized repr	esentative c	f a member			

Page 3 of 3

Filing Fee: \$25.00