## 117000126288

(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
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SECRETARY OF STATE ORIDA

AUG 2 5 2018 T SCHROEDER

## **COVER LETTER**

Div	ision of Corp	orations		
SUBJECT:	BTHSDA H	OLDINGS, LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		DATAN DOROT, ESQ.		
			Name of Person	
		DOROT & BENSIMON,	PL	
			Firm/Company	
		20295 NE 29th Place, Suit	e 201	
			Address	
		Aventura, Florida 33180		
			City/State and Zip Code	
		ddorot@dorotbensimon.com		
		E-mail address: (	to be used for future annual report notifi-	cation)
For further in	iformation coi	ncerning this matter, please ca	all:	
DATAN DO	ROT, ESQ.		305 921-9421 at ( )	
	Name of I	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iling 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

TO:

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

BTHSDA HOLDINGS, LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our record Liability Company)	ts.)
The Articles of Organization for this Limited Liability Compan Florida document number L17000126288	y were filed on 06/09/2017	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 Liah	oility Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		18 5 10 8
Enter new mailing address, if applicable:		UG 20
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		ls, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre.	ss
	. FI	lorida
	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	NAYSHAR FLORES	1080 BRICKELL AVENUE	
		SUITE 4202	■ Remove
		MIAMI, FL 33131	□ Change
MGR	OAKWOOD PROPERTY HOLDINGS LLC (DE)	1080 BRICKELL AVENUE	■ Add
		SUITE 4202	Remove
		MIAMI, FL 33131	☐ Change
			Add  CARC BBRemove  SST C BChange
			Remove
			Change
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			☐ Remove
			Change

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Filing Fee: \$25.00