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## **COVER LETTER**

TO: Registration So Division of Cor			
BHI GLOE	BAL CAPITAL, LLC		
	Name of Limi	ited Liability Company	<del></del>
The control to the of	Amondanas and Covolone sub-	wined for Gline	
The enclosed Afficies of	Amendment and fee(s) are sub-	naticed for fining.	
Please return all correspo	ondence concerning this matter	to the following:	
	William Manning		
	-	Name of Person	<u> </u>
	BHI GLOBAL CAPITAL.	LLC	
		Firm/Company	
	1132 Kane Concourse, Ste.	200	
		Address	,
	Bay Harbor Islands, FL 33	154	
	SUPPORT@POINTECOM	City/State and Zip Code PANIES.COM	./
	E-mail address: (1	to be used for future annual report notific	ration)
For further information of	concerning this matter, please ca	all:	
William Manning		305 865-1923 at ()	
Name o	of Person	Area Code Daytime	l'elephone Number
Enclosed is a check for t	he 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

BHI GLOBAL CAPITAL, LLC	
(Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{03/14/2018}{18000067266}$	and assigned
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	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	2 9 E
(Mailing address MAY BE A POST OFFICE BOX)	2
B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:	ecords, enter the name of the n
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street	t address
Enter Pioriaa sireet	i amore 35
City	Florida 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>	Address	Type of Action
MGR	Alan Sakowitz	1132 Kane Concourse, Ste.200 Bay Harbor Islands, FL 33154	
			■ Remove
			☐ Change
			Add
			Remove
			Change
		<del></del>	
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			□ Remove
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E. Effec	ive date, if other than the date of filing: (optional)
Note:	(optional) fective date, if other than the date of filing:  (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	February 26 2019
	Signature of a member or authorized representative of a member
	Alan Sakowitz Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00