L1800096840

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COVER LETTER

Division of Corp	porations		
SUBJECT: BH HOLD	INGS OF ORMOND BEACH	, LLC ited Liability Company	
	Name of Lin	шей Баонну Сопрану	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Penny K. Eve	ry	
		Name of Person	
	Jeffrev C. S	weet, Esquire	
		Firm/Company	
	595 W. Grana	da Blvd., Suite A	
		Address	
	Ormond Beach		
		City/State and Zip Code	
	Penny.every@	jsweetlaw.com to be used for future annual report notif	•
	n-man address: (to be used for future annual report notif	(calion)
For further information ec	oncerning this matter, please c	all:	
Penny K. Every		at (<u>386</u>) 677-3431	
Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a check for th	e following amount:		
SI \$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)

TO:

Registration Section

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

(<u>Name</u> of the <u>Limit</u>	BH HOLDINGS OF ORMOND ed Liability Company as it now appear (A Florida Limited Liability Company)		
The Articles of Organization for this Limited L	ability Company were filed on	4/17/2018	and assigned
Florida document number <u>L18000096840</u>			
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name o	f the limited liability company he	<u>re</u> :	
he new name must be distinguishable and contain the w	ords "Limited Liability Company," the de	esignation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applic	able:		
<u>Principal office address MUST BE A STREE</u>	T ADDRESS)		SECKE
			72
'nter new mailing address, if annlicable:			
•••			<u> </u>
Thurst dual ess Mill Br. 11 1051 Of Freb			<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) 3. If amending the registered agent and/ registered agent and/or the new registered of	or registered office address on	our records, enter	0. St.
Name of New Registered Agent:		·	
New Registered Office Address:	410 Lakebridge Plaza I	Drive	
	Enter Flor	ida street address	
	Ormond Beach	, Florida	32174
	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 Name **Title** <u>Address</u> Type of Action □ Add □ Remove ☐ Change □ Add □ Remove □ Change _□ Add ☐ Remove ____ Change □ Add _□ Change □ Add ☐ Remove _D Change □ Add ☐ Remove ☐ Change

				
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effective date is listed	er than the date of filing:, the date must be specific and cannot b			
	ed in this block does not meet the a te on the Department of State's re		equirements, this date w	ll not be liste
	a delayed effective date, bu	ut not an effective tin	ne, at 12:01 a.m. or	n the earlie
ne 90th day aft	er the record is filed.			
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ed <u>June 20,</u>	2018-	·		
	\ ` \			
	Signature of a member of	or authorized representative of	a member	

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Filing Fee: \$25.00