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## the real of the control of the contr LLC AMND/RESTATE/CORRECT OP:M/MG RESIGN PTH BCC UNIT 1806, LUC

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## COVER LETTER

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P'I'1	I BCC UN	TT 1806, LLC			· · · · · · · · · · · · · · · · · · ·
SUBJECT:			Liability Company		
		nendment and fee(s) are submit lence concerning this matter to			
Please fettin an	COrrespone	lose M. de la O	,	•	
		1030 171. 00 10 0	Name of Person		
		AGI Registered Agents, Inc.			
			Fim/Company		
		1000 Brickell Ave., Suite 30			
			Address		
		Miami, Florida 33131	City/State and Zip Co.	de	
		jose@agi-ra.com E-mail address: (to	be used for future a:un		tion)
For further info	ormation co	oncerning this matter, please cal	n:		
Jose M. de la (			205	416-6800	elephone Number
	Name o	f Person	Area Code	Daytime T	elephone Number
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	MAII. Regist	ING ADDRESS:	Kegi	EET/COURIE stration Section sion of Corpora	

Division of Corporations P.O. Box 6327 Tullahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADAMS GALLINAR PA

(((H18000152736 3)))

PTH BCC UNIT 1806, LLC  (Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records, bility Company)	27
The Articles of Organization for this Limited Liability Company w		and assigned
The Articles of Organization for this infinited European		
Florida document number L18000109829		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
PTH BCC REACH 1806, LLC  The new name must be distinguishable and contain the words "Limited Liability and Contain the words" and Contain the words "Limited Liability and Contain the words" and Contain the words "Limited Liability and Contain the words" and Contain the words are contained to the contain the words are contained to the contained	"Like designation "LLC	or the abbreviation "E.C."
The new name must be distinguishable and contain the words "Limited Liabili	ду содпрану, пре все вистем	
Enter new principal offices address, if applicable:	·	- <del>2</del> <del>2</del> <del>2</del> <del>2</del> <del>1</del> <del>2</del> <del>1</del> <del>1</del> <del>2</del> <del>1</del> <del>2</del> <del>1</del> <del>1</del> <del>2</del> <del>1</del> <del>1</del> <del>2</del> <del>1</del> <del>1</del> <del>1</del> <del>1</del> <del>2</del> <del>1</del> <del>1</del> <del>2</del> <del>1</del>
(Principal office address MUST BE A STREET ADDRESS)	- <del></del>	m-<
		- C A
		50
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Maning address M. 1 Bis 1.		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	iffice address on our recor re:	ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	ress
		Florida
		FloridaZip Code
	5. Sec. 20	
New Registered Agent's Signature, if changing Registered Agen  I hereby accept the appointment as registered agent and ag	<u>u</u>	a de sample with the

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 = Ma $AMBR = Au$	mager (thorized Member		Type of Action
Title	<u>Name</u>	Address	
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		<u> </u>	Remove
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	(b) The 90	)th day af	ter the record is filed.					
	Dated	ay 16		2018	<u></u>			
			Signature of a n	amber or authorized repres	sentative of a member			
		Robert R.	Adams, Authorized Represen	ntative	· · ·			
				Typed or printed name of	81 '6C			

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