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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BH Lavgo HC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Leonard Miller Name of Person BH Largo LLC Firm/Company	
217 Foster Ave	
Havertown, PA 19083 City/State and Zip Code BHLArso 197 @ gmail. Com E-mail address: (to be used for further annual report notification)	
For further information concerning this matter, please call:	
Leonard Miller at (215) 360-6179 Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	tus &

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 ARTICLES OF ORGANIZATION **OF**

FILED 201040

PILL None 110	SECONDY 13 AM 8: 54
(Name of the Limited Liability (A Florida L	Company as it now appears on our records. HASSEE, FL
The Articles of Organization for this Limited Liability Cor Florida document number <u>L 1800 IS9973</u>	(la a la a la
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRE	ESS)
	·
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registeregistered agent and/or the new registered office addre	red office address on our records, <u>enter the name of the new</u> ess here:
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	
vew registered Agent's Signature, it changing registered	ngent.

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 = Au	thorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Lea Miller	217 Foster Ave, HAVENTOU	MA 19083
			☐ Remove
			Change
			□ Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			Change
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			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•
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E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated 11/8/2018 Signature of a member or authorized representative of a member
Leonard Killer Typed or printed name of signge

Page 3 of 3

Filing Fee: \$25.00