

L18000173426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

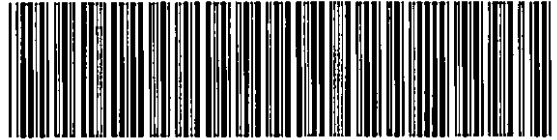
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100316126321

08/08/18--01013--004 ♦♦35.00

FILED  
18 AUG -8 PM 2:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORIGINALS  
AUG 11 2018

COVER LETTER

TO: Registration Section  
Division of Corporations

BZH HOLDINGS LLC

SUBJECT: \_\_\_\_\_  
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:

ZINA PETLYAR

\_\_\_\_\_  
Name of Person

BZH HOLDINGS LLC

\_\_\_\_\_  
Firm/Company

2650 coolidge st

\_\_\_\_\_  
Address

hollywood fl 33020

\_\_\_\_\_  
City/State and Zip Code

hovikg@icloud.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

zina petlyar

954

655 5260

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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 ORGANIZATION OF

BZH HOLDINGS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on bzh holdings LLC and assigned  
Florida document number 118000173426.

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED  
AUG - 8 PM 2:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: hovhannes grigoryan

New Registered Office Address: 2650 coolydgc st

Enter Florida street address

Hollywood, Florida 33020  
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

MGR = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>         | <u>Address</u>                   | <u>Type of Action</u>                      |
|--------------|---------------------|----------------------------------|--|
| MGR          | hovhannes Grigoryan | 2650 coolidge st.hollywood 33020 | <input checked="" type="checkbox"/> Add    |
|              |                     |                                  | <input type="checkbox"/> Remove            |
|              |                     |                                  | <input type="checkbox"/> Change            |
| AMBR         | Zina Petlyar        | 4764 ne 12th avenue oakland park | <input type="checkbox"/> Add               |
|              |                     |                                  | <input checked="" type="checkbox"/> Remove |
|              |                     |                                  | <input type="checkbox"/> Change            |
|              |                     |                                  | <input type="checkbox"/> Add               |
|              |                     |                                  | <input type="checkbox"/> Remove            |
|              |                     |                                  | <input type="checkbox"/> Change            |
|              |                     |                                  | <input type="checkbox"/> Add               |
|              |                     |                                  | <input type="checkbox"/> Remove            |
|              |                     |                                  | <input type="checkbox"/> Change            |
|              |                     |                                  | <input type="checkbox"/> Add               |
|              |                     |                                  | <input type="checkbox"/> Remove            |
|              |                     |                                  | <input type="checkbox"/> Change            |

18  
AUG - 8  
SECRETARY OF STATE  
ATLANTA, GEORGIA  
FILE  
2:30 PM  
18  
AUG - 8  
SECRETARY OF STATE  
ATLANTA, GEORGIA  
FILE  
2:30 PM

FILED  
AUG - 8 PM 2:32  
18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08/02/2018

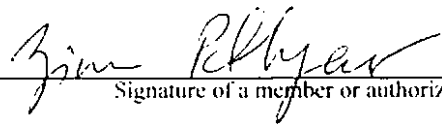
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective 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)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 08/02 2018

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

ZINA PETLYAR  
\_\_\_\_\_  
Typed or printed name of signer