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M. MILLIGAN OCT 20 2018

COVER LETTER

TO: ,	Registration Se Division of Cor			
SHRI	BH Shefa, I	LLC		
.,01,,	150,1.	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Maurice Egozi		
		BH Shefa, LLC	Name of Person	
		1132 Kane Conocurse - Sto	Firm/Company	
		Bay Harbor Islands, FL 33	Address	
		support@pointecompanies.c	City/State and Zip Code	
		E-mail address: ()	to be used for future annual report notif	ication)
For fu	rther information c	oncerning this matter, please ca	iil:	
Willia	nm Manning		305 865-1923	
	Name o	f Person	at ()	: Telephone Number
Enclos	sed is a check for th	ne following amount:		
■ \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 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

BH Shefa, 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 $\frac{09/26/2018}{1}$ Florida document number L18000229000 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) 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: New Registered Office Address: Enter Florida street address . Florida _

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.

Cinv

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	Shrem Sidauy, Antonio	1132 Kane Concourse - Ste.200 Bay Harbor Islands, FL 33154	
			Remove
			☐ Change
MGR	Shrem Sidauy, Emilio	Harbor Islands, FL 33154	
			Remove
			□ Add
			☐ Remove
			□ Change
			Add
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Note: If the date in:	sted, the date must be spec serted in this block doe e date on the Departme	s not meet the appli	cable statutory filing	(optional) ore than 90 days after filing.) requirements, this date v	Pursuant to 605.0207 (3)(vill not be listed as the
f the record specifi b) The 90th day a			ot an effective ti	me, at 12:01 a.m. c	on the earlier of:
Oct. 4th	20	2018			
	111				
	Signatur	re of a member or autl	norized representative of	of a member	100 910Z
Maurice	Egozi				130 130

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00