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(Re	equestor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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TECHEDER

COVER LETTER

TO: Registration Division of	n Section . Corporations	
30 5 5561.	Name of Limited Liability Company and Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: Rose Christine Menaged Name of Person LHP Developers, LLC Firm/Company 3640 N Federal Hwy B3-154 Address Lighthouse Point, FL, 33064 City/State and Zip Code restaurants@bblsocial.com E-mail address: (to be used for future annual report notification) information concerning this matter, please call:	
	Rose Christine Menaged	
	Name of Person	
	LHP Developers, LLC	
	Firm/Company	
	3640 N Federal Hwy B3-154	
	Address	
	Lighthouse Point, FL, 33064	
		
		rt notification)
For further information		
Rose Christine Mena	aged 954 304-16	
Nar	me of Person at () Area Code D	aytime Telephone Number
Enclosed is a check f	for the following amount:	
S25.00 Filing Fee	Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed)	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

LHP Developers, LLC	ny er it now enneses on our records	
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L19000124467		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
		<u> </u>
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	ie abbreviation "L.E.C."
Enter new principal offices address, if applicable:	3907 N Federal Hwy #127	
(Principal office address MUST BE A STREET ADDRESS)	Pompano Beach, FL 33064	*****

Enter new mailing address, if applicable:	3907 N Federal Hwy #127	4D (2)
(Mailing address MAY BE A POST OFFICE BOX)	Pompano Beach, FL 33064	-71t,
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	•
	City , Fiorida	Zîp 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

ii amending Authorized rerson(s) authorized to manage, enter the tide, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			_□ Remove
			☐ Remove
			☐ Change
			Add
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E. Effective d	late, if other than the date is listed, the date in	e date of filing:			(optio	nal)	٠٠ د٥٠ ١٦٠
Note: If th	e date is listed, the date in e date inserted in this to effective date on the l	block does not meet the	he applicable st	tatutory filing requ	uirements, this	date will not b	e listed a
If the record	specifies a delaye	ed effective date,	but not an	effective time,	at 12:01 a	.m. on the	earlier (
(b) The 90t	h day after the re	cord is filed.					
	1 5.1	_20	19				
Octo Dated	ober 7th			/ \			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00