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TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

Blood Horse Creations 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: **Brittany Humphrey** Name of Person Firm/Company 105 Sierra Drive Apt 202 Address Jupiter, Fl 33458 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Brittany Humphrey Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fce & ☐ \$60.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_- 1" 3:12 Blood Horse Creations 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 $\frac{02/28/2020}{2}$ ___ and assigned Florida document number L20000067069 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BHC Ventures LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 ___ City

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

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>	Name	Address	Type of Action
			Remove
			☐ Change
			□Add
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	st be specific and cannot be prior to date of filing or more th lock does not meet the applicable statutory filing req	
the record specifies a delaye) The 90th day after the rec	d effective date, but not an effective time, ord is filed.	, at 12:01 a.m. on the earlier of:
Dated October 1	2020	
Butter	Signature of a member or authorized representative of a r	member
Brittany Humphrey	י , י י י י י י י י י י י י י י י י י י	
	Typed or printed name of signce	

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Filing Fee: \$25.00