## L20 000 176 296

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## **COVER LETTER**

Division of Corp	porations ' '		Č	·
	Y GROUP, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of :	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Shelby Jhonson			
		Name of Person		
	Rayboun Mulligan, PLLC			
		Firm/Company		
	105 West Fifth Avenue			
		Address		
	Tallahassee, FL 32303			
		City/State and Zip Code	, <u> </u>	
	bturner@gtelectricfl.com	to be used for future annual rep		
For further information co	oncerning this matter, please co		port montheatem)	
Shelby Jhonson		850 907-1		
Name of	f Person	Area Code	Daytime Telepho	ne Number
Enclosed is a check for th	e following amount:			
<b>■</b> \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy tadditional 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2020 m 31 AM 9:30

BH EQUITY GROUP, LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	ipany as it now appears on our records.) ed Liability Company)	
he Articles of Organization for this Limited Liability Compa	ny were filed on June 24, 2020	and assigned
lorida document number L20000176296		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
he new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" or the	he 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:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		<u>-</u>
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	ce address on our records, <u>enter the i</u>	name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid:	

Thereby 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 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	Harold J Eastman Sr	14000 N Meridian Road	
		Tallahassee, FL 32312	■Remove
			□Change
MGR	Harold J Eastman Jr	107 Meridian Hills Road	<b>=</b> Add
		Tallahassee, FL 32312	□Remove
			□Change
			Remove
			□Change
	<del></del>		DAdd
			□Remove
			□Change
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te: If the date inserted in this	he date of filing:  must be specific and cannot be prior block does not meet the applic Department of State's records	cable statutory filing requiren	(optional) days after filing.) Pursuant to 6 nents, this date will not be li	05.02t sted a
ecord specifies a delayed effects filed.	tive date, but not an effective t	ime, at 12:01 a.m. on the earl	ier of: (b) The 90th day af	ter the
• • • • • • • • • • • • • • • • • • • •				
	2020	_		
ted July 30	if the	orized representative of a memb		

Filing Fee: \$25.00