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(Requestor's Name)
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(Business Entity Name)
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COVER LETTER

Divi	ision of Corpo	orations			
our trom	BH HARDIN				
SUBJECT:		Name of Limi	ited Liability Company	_	
The enclosed	I Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return	all correspond	dence concerning this matter	to the following:		
		Noni Beth-Halevi			
			Name of Person		
			Firm/Company		
		400 Sunny isles Blvd apt 8	06		
			Address		
		Sunny Isles Beach, FL 331	60		
			City/State and Zip Code		
		E-mail address: (1	to be used for future annual r	eport notification)	
For further in	nformation cor	neerning this matter, please co	all:		
Noni Beth-H	lalevi		786 290 at ()	-7581	
	Name of I	Person	Area Code	Daytime Telepho	one Number
Enclosed is a	a check for the	following amount:			
■ \$ 25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Ma</u>	iling Address:		Street Ad	ldress:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

BH HARDING LLC		
(Name of the Limited I	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	lity Company were filed on JUNE 30, 2020	and assigned
Florida document number L20000184829	·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
APARTMENTS-HUB LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or	
Enter new principal offices address, if applicable	e:	2020
(Principal office address MUST BE A STREET A	DDRESS)	100
		52 7
		SSE SSE
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	X)	- S
		
B. If amending the registered agent and/or regis	tered office address on our records, enter the	name of the new registere
agent and/or the new registered office address he	ere:	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	F1 ()	I
_	, Florid	IB 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

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	Joan Bruggink	1200 West Avenue #1211, Miami Beach, FL 33139	≣ ∧dd
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			□Change
			□Add
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ffective date, if other the	n the date of fili	ng:			(optional)		
an effective date is listed, the dote: If the date inserted in	ate must be specific a this block does not	nd cannot be price	or to date of filing cable statutory	or more than 90 day	vs after filing.)	Pursuant to 60:	5.0201 ted as
ocument's effective date on	the Department of	State's record	S.		,	***************************************	
record specifies a delayed e l is filed.	ffective date, but n	ot an effective	time, at 12:01 a	.m. on the earlier	of: (b) The	90th day afte	er the
ated		2020					
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Filing Fee: \$25.00