

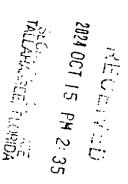
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bocanion Namber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500438063845

2024 CCT 15 *** 9: 31



CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PRINCETON 1 BH26 LLC	
Please Debit FCA000000003 For: 25	
Thank you Seth Neeley	
Stral	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Рһию Сору
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
/ .	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC 11 Search
	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

Registration Section
Division of Corporations

TO:

PRINCETO SUBJECT:	ON 1 BH26 LLC					
30001X.1.	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Diego Sirulnik					
		Name of Person				
	Alex D. Sirulnik, P.A.					
		Firm/Company				
	2199 Ponce de Leon Blvd.	, Suite 301				
		Address				
	Coral Gables, Florida 3313	34				
		City/State and Zip Code				
	luispercul@brodyfriedman.	com.ar				
	E-mail address: (to be used for future annual report not	ification)			
For further information c	oncerning this matter, please c	all:				
Diego Sirulnik		305 443-7211				
Name of Person		at () Area Code Daytin	ne Telephone Number			
Enclosed is a check for the	ne following amount:					
■ \$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 Addres Registration S		<u>Street Address:</u> Registration Se	petion			
Division of C		Division of Co				
P.O. Box 632		The Centre of	•			
Tallahassee, I	FL 32314	2415 N. Monro	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRINCETON 1 BH26 LLC	
(<u>Name of the Limited Liability Company as it now ar</u> (A Florida Limited Liability Compa	opears on our records.) iny)
he Articles of Organization for this Limited Liability Company were filed or lorida document number L21000022433	n January 21, 2021 and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability compan	ı <u>v here</u> :
he new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "LLC"
	the designation line of the abbreviation line.
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	: 6.5 1.3
	- S
nter new mailing address, if applicable:	
Aailing address MAY BE A POST OFFICE BOX)	7
Tuning dualess mai be a fost of fice box)	
	<u> </u>
	・ <u>た</u> ら 1
. If amending the registered agent and/or registered office address on o	ur records, enter the name of the new regist
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	

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.

City

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Percul, Luis	3431 NE 210th Street	□Add
		Aventura, Florida 33180	■Remove
MGR	BF MANAGEMENT BH26, LLC	3431 NE 210th Street	
		Aventura, Florida 33180	□Remove
			□Change
			□Add
			□Remove
			☐ Change
			
			□Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change

				-					
								<u>.</u>	
								· .	
								•	
							<u>.</u>		
				_					
	·= ·								
						<u> </u>			
							· · · · -		
Effective	date, if other	than the date	of filing:				(optic	onal) tiling.) Pursuant to	
Note: If t	ve date is listed, the	ie date must be s in this block of	pecific and ca loes not me	innot be prior et the applic	to date of fi	iing or more the ory filing requ	in 90 days after iirements, this	filing.) Pursuant to date will not be	605.0207 (listed as tl
	's effective date								
e record sp rd is filed.		d effective dat	e, but not ar	i effective t	ime, at 12:0) a.m. on the	earlier of: (b) The 90th day	after the
	tober 11			2024	1 \				
. Oct			•		- (⁾	\			
Dated					(1, "				
Dated		Sign	ature of a me	mber or auth	orized repres	sentative of a n	nember		_
Dated		Sign	ature of a me	inber or auth	orized repre	sentitive of a n	nember		-

Filing Fee: \$25.00