LZ1000100950

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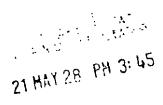
Tallahassee, FL 32314

TO: Registration So Division of Cor			
SUBJECT: NEW BHN	IV INVESTMENTS FL, LLC		
	Name of Line	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Shalom Zanzuri		
		Name of Person	
		Firm/Company	
	PO BOX 1975		
		Address	
	HALLANDALE BEACH,	. FL 33008	
		City/State and Zip Code	
•	shali@califomo.co		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
Shalom Zanzuri		at (305) 906-1190	
Name of Person		Area Code Daytim	e Telephone Number
	6. N		
Enclosed is a check for the	ic following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	atio_
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



NEW BHNV INVESTMENTS FL, LLC				
(<u>Name of the Limited Li</u> (A FI	ability Company as it now appears on our records. orida Limited Liability Company)	.)		
`	, , , , , , , , , , , , , , , , , , ,			
The Articles of Organization for this Limited Liability	ty Company were filed on 3/2/21	and assigned		
Florida document number <u>L21000100950</u>	` .			
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability company here:			
The new name must be distinguishable and contain the words '	"Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	<u> </u>			
(Principal office address MUST BE A STREET AL	DDRESS)	·- <u>-</u> <u>-</u>		
Enter new mailing address, if applicable:		<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX	2			
B. If amending the registered agent and/or registagent and/or the new registered office address her	ered office address on our records, <u>enter t</u>	he name of the new registered		
agent and/or the new registered office address her	· · ·			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address	11.7.1		
_	, Flor	rida 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 21 HAY 28 PH 3: 45

<u>Title</u>	Name	Address	Type of Action
MGR	Shalom Zanzuri	5430 SW 25 Avenue	■Add
		Fort Lauderdale, FL 33312	□Remove
			□ Change
			□Add
			Remove
			☐ Change
			□Change
			□Add
			□Remove
			□Change
			□Remove
			☐ Change
			🗆 Add
			□Remove
			Floker

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)	
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21 nai 20	
E. Effective date, if other than the date of filing: 5/24/21 (optional)	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t	,3)(b) he
document's effective date on the Department of State's records.	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	
record is filed.	
Dated May 24 $\int 2021$.	
Signature of a member or authorized representative of a member	
Carlos E. Lanca	
Carlos F. Lopez Typed or printed name of signee	

Filing Fee: \$25.00