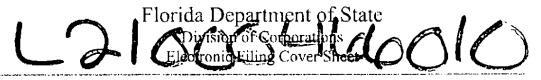
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Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BII STAR 1 LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BH Star 1, LLC						
(Name of the Limit	ed Liability Comp (A Florida Limited	any as it now appears on ou Luibility Company)	r records.)			
The Articles of Organization for this Limited Liability Company were filed on 10/27/21  Florida document number L21000466010				and assigned		
This amendment is submitted to amend the following	wing:					
A. If amending name, enter the new name of	the limited liab	ollity company here:				
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designati	on "LLC" or the abbreviation "	LJ.,C."	-	
Enter new principal offices address, if applicable:		7657 NW 50th Street	<del></del> ,	2		
(Principal office address MUST BE A STREE		Miami, FL 33166		022		
			7 - 25	<b>1</b>		
Enter new mailing address, if applicable:				-4		
Mailing address MAY BE A POST OFFICE BOX)			3	,		
(Matting dearess MAT BE A POST OFFICE I	<u>503)</u>		* * <u>} + </u>	€.		
B. If amending the registered agent and/or reagent and/or the new registered office address		address on our records	, enter the name of the n		red	
Name of New Registered Agent:	Shevlin & Atk	ins				
New Registered Office Address:	IIII Kane Con	course, Suite 619				
		Enter Florida stree	address			
	Bay Harbor Isla					
		City	, Florida <sup>33154</sup> Zip Code	•		

## New Registered Agent's Signature, if changing Registered Agent:

Page: 3 of 5

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

To: +18506176383 - Page: 4 of 5 2022-03-04 19:00:23 GMT 13053284774 From: Yanet Avila

## If amending Authorized Person(9) 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	Saeed Kachouyan Fini	2100 NW 107th Avenue	□Add
		Suite 114, Doral, FL 33172	居 Remove
			□Change
MGR	Sadaf, LLC	7657 NW 50th Street	<b>E</b> Add
		Miami, FL 33166	CRemove
			☐ Change
			□ Add
			Remove
			□Change
			□ Add
			□Remove
			Change
		La la sept com a transfer of the second seco	□ Add
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Page: 5 of 5

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cord spo filed.	coifies a delayed eff	ective date, but i	not an effective time, s	ர் 12:0 ட்கரை. வேட்	he earlier of: (b)	The 90th day after	the .
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_			member or authorized	1 21	101/10	•	

Filing Fee: \$25.00