

L22000049335  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**To:**

Division of Corporations  
Fax Number : (850)617-6383

**From:**

Account Name : ASSURED ACCOUNTING AND TAX SERVICES  
Account Number : I20180000048  
Phone : (954)793-0353  
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Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BH ONLINE SHOP, LLC.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 AUG -5 PM 2:32

APPROVED  
AND  
FILED

AUG 05 2022

K. Brumble

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

(((H22000264969 3)))

**BH ONLINE SHOP, LLC.**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/27/2022 and assigned  
Florida document number L22000049335.

This amendment is submitted to amend the following:

**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:

5601 N. Federal Hwy Ste 6

(Principal office address MUST BE A STREET ADDRESS)

Boca Raton, FL 33487

Enter new mailing address, if applicable:

5601 N. Federal Hwy Ste 6

(Mailing address MAY BE A POST OFFICE BOX)

Boca Raton, FL 33487

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

5601 N. Federal Hwy Ste 6

Enter Florida street address

Boca Raton

City

, Florida

33487

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

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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**

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**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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**MGRM**      **FLAVIA MATTOS**      **5601 N. FEDERAL HWY STE 6**      ☐ Add

BOCA RATON, FL 33487 ☐ Remove

☒ Change

☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary)* ((H22000264969 3)))

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 Aug 4, 2022

Florida - Miami - Mattos (Aug 4, 2022 22:42 EDT)

Signature of a member or authorized representative of a member

FLAVIA MATTOS

Typed or printed name of signee

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