

22 000 074 565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

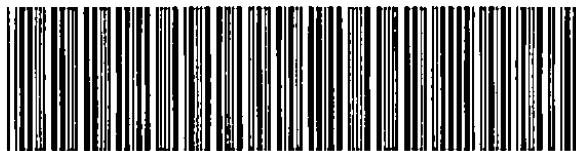
(Business Entity Name)

(Document Number)

Copies _____ Certificates of Status _____

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11/03/22--01015--001 **25.00

2022 NOV -3 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Registration Section
Division of Corporations

BH SJ18, LLC

Name of Limited Liability Company

ed Articles of Amendment and fee(s) are submitted for filing.

urn all correspondence concerning this matter to the following:

Jack Sheero

Name of Person

BH SJ 18, LLC

Firm/Company

1875 NE 168th St

Address

North Miami Beach, FL 33162

City/State and Zip Code

accounting@bhplazadelmar.com

E-mail address: (to be used for future annual report notification)

er information concerning this matter, please call:

ero

954 562-0739

at ()

Name of Person

Area Code

Daytime Telephone Number

is a check for the following amount:

0 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**TO
ARTICLES OF ORGANIZATION
OF**

BH SJ18, LLC

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

Articles of Organization for this Limited Liability Company were filed on 04/14/2022 and assigned document number 1.22000074565.

Amendment is submitted to amend the following:

Changing name, enter the new name of the limited liability company here:

Name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Principal office address, if applicable:

(Office address MUST BE A STREET ADDRESS)

Mailing address, if applicable:

(Address MAY BE A POST OFFICE BOX)

Changing 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:

Enter Florida street address

Florida

City

Zip Code

Registered Agent's Signature, if changing Registered Agent:

I 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is submitted 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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2022 NOV -3 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FL

Manager
Authorized Member

[illegible]

nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ve date, if other than the date of filing: _____ (optional)

ective 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)

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
ent's effective date on the Department of State's records.

l 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
ed.

October 28

2022

Signature of a member or authorized representative of a member

JACK SHEERO

Typed or printed name of signee