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COVER LETTER

	gistration Se ision of Cor			
eubuce.	BH2 Navar	re LLC		
SUBJECT:		Name of Lim	lited Liability Company	-
The enclosed	I Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Rasheem Edward		
			Name of Person	—
		Zenbusiness Inc.		
			Firm/Company	_
		336 E. College Ave Suite	301	2027
		1	Address	2023 FEB
		Tallahassee, FL 32301		
			City/State and Zip Code	PH 4: 37
		fulfillment@zenbusiness.co		- ST
For further is	nformation co	n-mail address: (to be used for future annual report notification) all:	37
Zenbusiness	Inc c/o Rash	neem Edward	844 4936249	
	Name of	f Person	at () Area Code Daytime Telephone Numl	ber
Enclosed is a	check for th	ne following amount:		
■ \$2 5.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certificated Copy is enclosed) Certificated Copy is enclosed)	Filing Fee, icate of Status & led Copy is enclosed)
	iling Addres gistration S		Street Address: Registration Section	
Div	vision of C	orporations	Division of Corporations	
P (Roy 632	7	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BH2 Navarre LLC	
(<u>Name of the Limited Liability Company</u> (Δ Florida Limited Lia	as it now appears on our records.) bility Company)
	ere filed on 6/7/2022 and assigned
This amendment is submitted to amend the following:	
(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 6/7/2022 and assigned florida document number 1.22000260689 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 "LLC." Conter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Conter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered	
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:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office adeagent and/or the new registered office address here:	TO CONTRACT OF THE CONTRACT OF
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Kenneth Erdberg		🗀 Add
			🗆 Remove
		33 Oregon Drive Fort Walton Beach, FL 32548	= Change
MGR	Mermaid Mansions (care of Kenneth)	8187 White Sands Blvd Navarre, FL 32566	= Add
			□Remove
			□Change
			
			2023 Remove
			- ☐ Change
			PH P 37
			□Remove
		<u></u>	🗆 Change
			🗆 Add
			□Remove
			□Change
	 		□ Add
			🗆 Remove
			□Change

). If amending any other info	ormation, enter change(s) here: (Attach additional sheets, if nece	essary.)		
·				
				
				
		_	-	
				
(If an effective date is listed, the da Note: If the date inserted in t	n the date of filing:	iting.) Pursua		
the record specifies a delayed ef	ffective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th o	lay after	the
Dated	. 2023	TALL	2023 FEB -7 PM 4: 3	
/s/Amy G Cottr			3 - 7	
Amy G Cottrell	Signature of a member or authorized representative of a member	OF ST	PM 4:	
	Typed or printed name of signer		_မ်	

Filing Fee: \$25.00