

|  | To:  |                 |                |               |            |                      |          |
|--|--|-----------------|----------------|---------------|------------|----------------------|----------|
|  | ,  | Division of Co  | orporations    |               |            |                      |          |
|  |  | Fax Number      | : (850)617-6   | 383           |            |                      |          |
|  | From:                                      |                 |                |               |            |                      |          |
|  |  | Account Name    | : LEGALZOOM.   | COM INC.      |            |                      |          |
| ~  | ഗം   | Account Number  | r : 1200100000 | 62            |            |                      |          |
| (Langer )  | US WAR                                     |                 | : (323)962-8   |               |            |                      |          |
|  | S TAT                                      | Fax Number      | : (323)389-0   | 502           |            |                      |          |
| and the second s | TOR'S THE                                  |                 |                |               |            |                      |          |
| ананын с<br>1 т  |  | he email addre: | ss for this bu | siness entity | to be used | for future           |          |
| <u> </u>   |  | ual report mail |                |               |            |                      |          |
| ь.,  | C. Strike                                  |                 |                |               |            | ··· -                |          |
| <u>L</u>   | Ema:                                       | il Address:     |                |               |            | C                    | $\sim$   |
| Free Lane  | E SE                                       |                 |                |               |            |                      | 2023     |
| -  | 2023 SEP<br>Ema:<br>TALLA: 25<br>TALLA: 25 |                 | -              |               |            | 24 - 14 <b>9</b> 444 |          |
|  |  | CAMND/RE        | STATE/COF      | RECT OR       | M/MG RES   | SIGN                 | 5        |
|  |  | BI              | LADVISORY      | É GROUP LI    | LC         |                      | <u> </u> |
|  |  | Certificate o   | of Status      |               | 0          |                      | ۲۹<br>ال |
|  |  | Certified Co    | БУ,            |               | 1          | •                    |          |
|  |  | Page Count      | <u></u>        |               | 116        | ,                    | 18       |
|  |  | Estimated C     | harge          |               | \$55.00    |                      |          |
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Electronic Filing Menu Corporate Filing Menu



13236068205

### **COVER LETTER**

| то: | Registration Section     |
|-----|--------------------------|
|     | Division of Corporations |

BH ADVISORY GROUP LLC

SUBJECT: \_\_\_\_\_

Name of Linited Liability Company

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

Please return all correspondence concerning this matter to the following.

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N Brand Blvd 11th FL

Address

Glendale, CA 91203

City/State and Zip Code

allanerwinm@gmail.com

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

For further information concerning this matter, please call:

| Cheyenne Moseley | 800       | 773-0888                 |
|------------------|-----------|--------------------------|
|                  | at ()     |                          |
| Name of Person   | Area Code | Daytime Telephone Number |

Enclosed is a check for the following amount:

□ \$25.00 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 Tallabassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301 To:

2023-08-30 16:38.05 PDT

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7.ip Code

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BH ADVISORY GROUP 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<br>Florida document number <u>L22000356819</u>           | were filed on 08/15/2022 and assigned                             |  |  |  |
|--|---|--|--|--|
| This amendment is submitted to amend the following:  |   |  |  |  |
| A. If amending name, <u>enter the new name of the limited liab</u>   | ility company here:   |  |  |  |
| The new name must be distinguishable and contain the words "Limited Liabil   | lity Company," the designation "LLC" or the abbreviation "L.L.C." |  |  |  |
| Enter new principal offices address, if applicable:  | 3389 Sheridan Street, Suite 459<br>Hollywood, FE 33021            |  |  |  |
| (Principal office address MUST BE A STREET ADDRESS)  |   |  |  |  |
| Enter new mailing address, if applicable:  | 3389 Sheridan Street, Suite 459                                   |  |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   | Hollywood, FL 33021   |  |  |  |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. |   |  |  |  |
| Name of New Registered Agent:  |   |  |  |  |

New Registered Office Address:

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

2023-08-30 16:38 05 PDT

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# If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

### MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name                                   | Address   | Type of Action |
|--------------|--|---|----------------|
| MGR          | Gabriella Fadlun                       | 3389 Sheridan Street, Suite 459, Hollywood, FL<br>33021 | 🖹 Add          |
|              |  |   | Remove         |
|              |  |   | Change         |
| MGR          | Allan Mendlowitz                       |   | O Add          |
|              |  |   | Remove         |
|              |  | 3389 Sheridan Street, Suite 459, Hollywood, FL<br>33021 | 🗏 Change       |
|              |  |   | O ∧dd          |
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| ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |  |          |                                       |               |
|---|--|----------|---------------------------------------|---------------|
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From: Rajiv Srivastava

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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.

22 Dated \_ è L ignative of amember or authorized representative of a member

Allan Mendlowitz

To:

D.

Page, 06 of 31

Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00