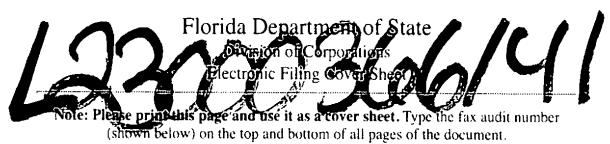
Division of Corporations



(((H23000273559 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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 **BH ISLES LLC**

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

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T. LEMIEUX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BH ISLES LLC		
(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company were filed on	8/3/2023 and assi	gned
Florida document number <u>L23000366141</u> .		-
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 design	ation "LLC" or the abbreviation "L.L	.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<u> </u>	
Enter new mailing address, if applicable:		
•••		
•••	2655	
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Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our recor	73-	regist
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our recor	73-	regist
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our recor	ds, enter the name of the new	regist
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our recor	ds, enter the name of the new	regist
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our recorngent and/or the new registered office address here: Name of New Registered Agent:	ds, enter the name of the new	regist
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our recoragent and/or the new registered office address here:	ds, enter the name of the new	regist
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our recoragent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ds, enter the name of the new	regist

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 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
MGR Edward Menaged	Edward Menaged	20803 Biscayne Blvd, Suite 405	DAdd
		Aventura, FL 33180	□Remove
			\ \ \ Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□ Change
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		<u>-</u>	□Add
			□Remove
			Change
			🗆 Add
			□Remove
			□Change

Filing Fee: \$25.00

Typed or printed name of signce