L2400031578

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COVER LETTER

	gistration Se vision of Cor		•		
CUDIFOT	BH HODA	YA LLC			
SUBJECT:		Name of Limi	ted Liability Company		_
The enclose	d Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please returi	n all correspo	ndence concerning this matter	to the following:		
		GALIT HAREL BECHOR	·		
			Name of Person		
		GALIT HAREL BECHOR	. P.A.		
		***************************************	Firm/Company		
		4000 HOLLYWOOD BLV	D SUITE 500N		
			Address		
		HOLLYWOOD FL 33021			
			City/State and Zip Code		
		INFO@HARELBECHORL E-mail address: ()	AW.COM o be used for future annual	report notification)	_
For further i	nformation ce	oncerning this matter, please ca		•	
GALIT HA	REL BECHO	PR .	954 89 at ()	40373	
	Name of	l'Person	Area Code	Daytime Telephone Nun	nber
Enclosed is	a check for th	e following amount:			
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee Certified Copy (additional copy is end	Certif closed) Certif	O Filing Fee, ficate of Status & fied Copy onal copy is enclosed)
	uling Addres		Street A		
	gistration S vision of C	orporations		ation Section n of Corporations	
		_ •		3 14 4	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BH HODAYA LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our reco da Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability	Company were filed on 07/12/2024	and assigned
Florida document number L24000311578	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
he new name must be distinguishable and contain the words "Lie	mited Liability Company." the designation "L	.LC" or the abbreviation "L.L.C."
enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
		.)
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX)		
		· · · · · · · · · · · · · · · · · · ·
3. If amending the registered agent and/or registere agent and/or the new registered office address here:		er the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	irass
	City	Florida Zip Code
	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	OREN BENELISHA	26168 ADAMOR RD, CALABASAS, CA91302	= Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
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Note: If the date i	other than the date of listed, the date must be spec nserted in this block doo we date on the Departmo	es not meet the applicable sta	(optional) of filing or more than 90 days after filing tuttory filing requirements, this date	.) Pursuant to 605.0207 (3)(t will not be listed as the
If the record specifies a record is filed.	delayed effective date,	but not an effective time, at	12:01 a.m. on the earlier of: (b) Th	ne 90th day after the
08/08 Dated	_	2024		
	(3)D	1		
_		O11		

Filing Fee: \$25.00

Typed or printed name of signee