# M16000006420

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





500446985335

2025 HAY 15 PH 4: 48

2025 MAY 15 AM 11: 54

FILED

#### Sunshine State Corporate Compliance Company

### 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 5/15/2025	<i>⇔WALK</i>	IN**
ENTITY NAME BMHCP I	HOMES	
DOCUMENT NUMBER		_
	**PLEASE FILE THE ATTACHED AND RETURN**	
xxxxx	Plain Copy Certified Copy	
	Certificate of Status	
**P:	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	
	Certified Copy of Arts & Amendments	
	Certificate of Good Standing	
	**APOSTILLE' / NOTARIAL CERTIFICATION **	
COUNTRY OF DESTINATI	ON	
NUMBER OF CERTIFICAT	ES REQUESTED	
TOTAL OWED \$25.00	ACCOUNT #: I20160000072	
	S R FM	
Please call Tina at the	e above number for any issues or concerns. Thank you so much!	

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

#### SECTION I (1-4 must be completed)

Name of limited liability Company as it appear     State: BMHCP HOMES LLC		•		_
Enter new principal office address, if applicable:				_
(Principal office address MUST BE A STREET ADDRESS)		1	2025 MA	- 
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 750 Westport CT 068	80	AY 15 AHII: 55	
2. The Florida document number of this limited lia	ability company is: M16000000			<del>-</del>
3. Jurisdiction of its organization: Delaware				_
4. Date authorized to do business in Florida: $08/1$				_
SECTION II (5-9 complete only the applicable				
5. New name of the limited liability company: (mus	et contain "Limited Liability Co	ompany, " "L.L.C	.," or "LLC	)
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	naging members adopting the			
6. If amending the registered agent and/or register registered agent and/or the new registered office a		ds. enter the name	of the new	
Name of New Registered Agent:				_
New Registered Office Address:				_
	Enter Flori	da Street Address		
<del></del>	City	Florida	Zip Code	-
New Registered Agent's Signature, if changing Reliable I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as registed accument is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this cape and complete performance of tered agent as provided for in ( in the registered office addres	my duties, and Lo Chapter 605, F.S.	am familiar w Or, if this	vith

Fitle/ Capacity	<u>Name</u>	Address T	ype of Act
AP	NABIL ELIYA	650 FIFTH AVENUE, 16TH FLOOR	<del>ype or rec</del>
	77751515177		□Ad
		NEW YORK, NY 10019	_ ≣Rei
AR	Samantha Anderes	650 FIFTH AVENUE STE 1601	_ <b>≣</b> Ad
		NEW YORK, NY 10019	□Rer
AR	Sammi Mitchell	650 FIFTH AVENUE STE 1601	<b>=</b> Ad
		NEW YORK, NY 10019	□Rer
AR	Tammy Vick	650 FIFTH AVENUE STE 1601	_ <b>=</b> Ad
		NEW YORK, NY 10019	2025 <b>N</b> Rer
		SS: Eng	5 5 A
		ORIDA	11: 55
aforementio		e than 90 days old, evidencing the licated by the official having custody of records in the y is organized.	□Rei
	/S/ Paul Gojkovich		

Filing Fee: \$25.00