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Division of Corporations

Florida Department of State  
Division of Corporations  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN****3801 NMA LLC**

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T. LEMIEUX

JAN 11 2024

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3801 NMA 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 were filed on 03/10/2017 and assigned  
Florida document number M17000002047.

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 "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 address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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>        | <u>Address</u>            | <u>Type of Action</u>                      |
|--------------|--------------------|---------------------------|--|
| Member       | BH3 Management LLC | 819 NE 2nd Avenue STE 500 | <input type="checkbox"/> Add               |
|              |                    | Fort Lauderdale, FL 33304 | <input checked="" type="checkbox"/> Remove |
|              |                    |                           | <input type="checkbox"/> Change            |
| Member       | 3801 HOLDCO LLC    | 819 NE 2nd Avenue STE 500 | <input checked="" type="checkbox"/> Add    |
|              |                    | Fort Lauderdale, FL 33304 | <input type="checkbox"/> Remove            |
|              |                    |                           | <input type="checkbox"/> Change            |
| President    | Daniel Lebensohn   | 819 NE 2nd Avenue STE 500 | <input checked="" type="checkbox"/> Add    |
|              |                    | Fort Lauderdale, FL 33304 | <input type="checkbox"/> Remove            |
|              |                    |                           | <input type="checkbox"/> Change            |
| VP           | Gregory Freedman   | 819 NE 2nd Avenue STE 500 | <input checked="" type="checkbox"/> Add    |
|              |                    | Fort Lauderdale, FL 33304 | <input type="checkbox"/> Remove            |
|              |                    |                           | <input type="checkbox"/> Change            |
|              |                    |                           | <input type="checkbox"/> Add               |
|              |                    |                           | <input type="checkbox"/> Remove            |
|              |                    |                           | <input type="checkbox"/> Change            |
|              |                    |                           | <input type="checkbox"/> Add               |
|              |                    |                           | <input type="checkbox"/> Remove            |
|              |                    |                           | <input type="checkbox"/> Change            |

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated January 9th 2024

Adia Myles

Signature of a member or authorized representative of a member

### Adia Myles, Attorney-in-Fact

Typed or printed name of signee

**Filing Fee: \$25.00**