M22000017811

| (R | Requestor's Name) | |
|-------------------------|---------------------|-----------|
| | | |
| (A | ddress) | - |
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| (A | ddress) | |
| | | |
| (C | ity/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| | | |
| (B | usiness Entity Nan | ne) |
| | | |
| (D | ocument Number) | <u> </u> |
| | | |
| Certified Copies | Certificates | of Status |
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| Special Instructions to | Filing Officer | |
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Office Use Only



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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

| D | ate: | 03/13/2023 | - w: DW |
|--|-------------------------------|--|--|
| | | Acc#I20160000072 | The contraction of the contracti |
| Name: | GH FLORIC | DA, LLC | |
| Document #: | | | |
| Order #: | 14812050 | | |
| Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification: | | Country of Destination: Number of Certs: | |
| Filing: 🗸 | Certified: Plain: COGS: | | Email Address for Annual Report Notifications: |
| Availability Document Examiner Updater Verifier W.P. Verifier Ref# | Amount: \$ | 55.00 | |

Thank you!

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)

| 1. Name of limited liability Company as it appear | nrs on the records of the Florida Department of | | |
|--|--|-------------------------------------|-------------------|
| State: GH Florida, LLC | | | |
| Enter new principal office address, if applicable: | | . | - % |
| (Principal office address MUST BE A STREET ADDRESS) | | • | <u> </u> |
| | | | - ا ا |
| Enter new mailing address, if applicable: | | 100 | AH (|
| (Mailing address MAY BE A POST OFFICE BOX) | | 구류 | <u>.</u> ;3 |
| 2. The Florida document number of this limited l | iability company is: M22000017811 | | |
| 3. Jurisdiction of its organization: Delaware | | | |
| 4. Date authorized to do business in Florida: No | | | |
| SECTION II (5-9 complete only the applicable | | , . | |
| 5. New name of the limited liability company:(me | ast contain "Limited Liability Company," "L.L.C | .," or "L | LC.") |
| (If name unavailable, enter alternate name adopte copy of the written consent of the managers or must contain "Limited Liability Company." "L.L. | ed for the purpose of transacting business in Floridanaging members adopting the alternate name. The action of "LLC.") | da and att ne alterna | tach a te name |
| 6. If amending the registered agent and/or registered agent and/or the new registered office | ered officer address on our records, enter the name address here: | of the ne | <u>ew</u> |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Florida Street Address | | |
| | Florida | | |
| _ | City | Zip Code | |
| the provisions of all statutes relative to the proper and accept the obligations of my position as revi | gent and agree to act in this capacity. I further agt er and complete performance of my duties, and I c istered agent as provided for in Chapter 605, F.S. ge in the registered office address, I hereby confir | ım jamuu Or, if ^ı thi | ar wun is |
| | Changing Registered Agent, Signature of New R. | egistered | Agent |

.

| 8. If the amendment | changes person, title or capacity in acc | cordance with 605.0902 (1)(e), indica | te that chan | ge: |
|---------------------|---|---------------------------------------|--------------|---------------|
| Title/ Capacity | <u>Name</u> | Address | Type | of Action |
| | | | | □Add |
| | | | | □Remove |
| | | | | □Add |
| | | | | □Remove |
| | | | | ⊡Add |
| | | | | □Remove |
| | | | | □Add |
| | | | | Remove |
| | | | | □Add |
| | | | | □Remove |
| aforementioned a | atticate, if required: no more than 90 camendment(s), duly authenticated by rethe law of which this entity is organized by Signature of the Scott Onderdonk | the official having custody of record | is in the | 2023 11 13 AM |
| | | ted name of signee | S S FL | MH 10: 43 |

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF AMENDMENT OF 'GH FLORIDA, LLC',

CHANGING ITS NAME FROM "GH FLORIDA, LLC" TO "BH HOLDCO, LLC",

FILED IN THIS OFFICE ON THE SEVENTH DAY OF MARCH, A.D. 2023, AT

1:10 O'CLOCK P.M.



Authentication: 202860042

Date: 03-07-23

State of Delaware Secretary of State Division of Corporations Delivered 01:10 PM 03-07/2023 FILED 01:10 PM 03-07/2023 SR 20230894660 - File Number 6906765

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

| | GH Florida, LLC |
|--|---|
| | |
| | |
| The Certificate of Formation of the linus follows: | mited hability company is hereby am |
| Section First is amended in its entirety to | read as follows: |
| | |
| The name of the limited liability company | is BH HoldCo, LLC |
| | |
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| | · · · · · · · · · · · · · · · · · · · |
| IN WITNESS WHEREOF, the under | ersigned have executed this Certificate |
| IN WITNESS WHEREOF, the under the day of | rsigned have executed this Certificate Hanch A.D. 2023 |
| IN WITNESS WHEREOF, the under the day of | rsigned have executed this Certificate Manch A.D. 2023 |
| the 6^{+h} day of | <u>Manch</u> . A.D. 2023 |
| | ersigned have executed this Certificate Hanch .A.D. 2023 Authorized Person(s) |
| the 6^{+h} day of | Hanch |
| the <u>6 th</u> day of <u> </u> | Hanch |