I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LIAT TOLEDANO

Electronic Signature of Signing Authorized Person(s) Detail

Name and Address of Current Registered Agent: TOLEDANO, LIAT

TOLEDANO, LIAT 2999 NE 191ST STREET PH2 AVENTURA, FL 33180 US

DOCUMENT# L13000083239

2999 NE 191ST STREET PH2 AVENTURA, FL 33180

Current Mailing Address: 2999 NE 191ST STREET PH2 AVENTURA, FL 33180 US

Current Principal Place of Business:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LIAT TOLEDANO

FEI Number: NOT APPLICABLE

Electronic Signature of Registered Agent

Entity Name: B AND H AVENTURA MANAGEMENT LLC

Authorized Person(s) Detail :

Title	AUTHORIZED MEMBER
Name	TOLEDANO, LIAT
Address	2999 NE 191ST STREET PH2

City-State-Zip: AVENTURA FL 33180

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

Certificate of Status Desired: No

07/20/2023 Date

Date

07/20/2023

FILED Jul 20, 2023 Secretary of State 0182425523CC

MGR