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R. HUNT

LAHASSEE, FL

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SUBJEC	B&H CO, I T:			: 			
		Name of Lin	ited Liability Company				
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please ret	urn all correspo	ondence concerning this matter	to the following:				
		Joel R Medina, CPA					
		<u> </u>	Name of Person				
		KMG CPA & Associates,	LLC			2n72 SE	
			Firm/Company		- r		rume.
		1101 MIRANDA LANE S	SUITE 109		ARY NHAS	<u>2</u>	;
			Address			7	, ,
		KISSIMMEE, FL 34741			STATE	AH 7: 54	- Partie
			City/State and Zip Code		m	•	
		INFO@KMGCPAFL.COM					
		E-mail address: (to be used for future annual report noti	fication)			&
For furthe	er information c	oncerning this matter, please c	all:				
JOEL R	MEDINA. CPA		321 337-6767 at ()				
	Name o	f Person		e Telephone Ni	umber	_	&
Enclosed	is a check for th	ne following amount:					
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cer Cer	00 Filing I tificate of ! tified Copy litional copy i	Status & g	
_	Mailing Addres		Street Address:	ation			
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]	P.O. Box 632	.7	The Centre of T				
-	Tallahassee, l	FL 32314	2415 N. Monro	e Street, Su	ite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B&H CO, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		732
Principal office address MUST BE A STREET ADDRESS)	-	3 3
		70
Enter new mailing address, if applicable:	יט ודי רי	ED M 7
Mailing address MAY BE A POST OFFICE BOX)		ATE SE
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	mada	
	, 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>	Address	Type of Action
AMBR	BRENDA RUIZ	4485 Grand Lakeside Dr. Palm Harbor, FL 34684	≘ ∧dd
			🗆 Remove
		-	□Change
MGR	HAILEY RUIZ		□Add
			☐Remove
MGR	ROSE DOVE	269 Mayfair Cir. N Palm Harbor, FL 34682	Change
		STATE	Remove
			Change
	-		□Add
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ective date, if other than the da	09/01/2022 te of filing:	(option	nal)		
n effective date is listed, the date must be	specific and cannot be prior to date of fil does not meet the applicable statute	ing or more than 90 days after f	iling.) Pur	suant to not be	605.020 listed a
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