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| (Requestor's Name)      |                    |             |
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| PICK-UP                 | TIAW               | MAIL        |
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| (Do                     | cument Number)     |             |
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| Certified Copies        | Certificates       | s of Status |
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| Special Instructions to | Filing Officer:    |             |
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Office Use Only



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2009 NOV 30 AM 11: 33

M. THOMAS

DEC -1 2009

**EXAMINER** 

## COVER LETTER

| TO: Registration<br>Division of C | Section<br>Corporations   |  |  |
|-----------------------------------|---|--|--|
| SUBJECT:                          | BOWTIE IN   | VESTMENTS, LLC   |  |
| SUBJECT.                          |   | ited Liability Company   |  |
| The enclosed Articles             | of Amendment and fee(s) are su  | bmitted for filing.  |  |
| Please return all corre           | spondence concerning this matte   | r to the following:  |  |
|                                   |   | Roniel Rodriguez IV  |  |
|                                   |   | Name of Person   |  |
|                                   | Ro  | oniel Rodriguez IV, P.A.   |  |
|                                   |   | Firm/Company   |  |
|                                   | 205   | 20533 Biscayne Blvd, # 1243  |  |
|                                   |   | Address  | TARE NOV   |
|                                   | А   | ventura, Florida 33180   | 2009 NOV 30 AN II: 33 SECRETARY OF STATE ALLAHASSEE, FLORID,                           |
|                                   |   | City/State and Zip Code  |  |
|                                   | E and address   | RON@RJRfirm.com (to be used for future annual report notification)   | — CR = C   |
| For further information           | n concerning this matter, please  |  | ⊕<br>₩   |
|                                   | l Rodriguez IV, P.A.  | at ( 305 ) 773-48  |  |
| Nam                               | e of Person   | Area Code & Daytime Telephor   | e Number   |
| Enclosed is a check for           | or the following amount:  |  |  |
| \$25.00 Filing Fee                | \$30.00 Filing Fee & Certificate of Status  | \$55.00 Filing Fee & S Certified Copy (additional copy is enclosed)  | 60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Reg<br>Divi<br>P.O                | ILING ADDRESS:<br>istration Section<br>ision of Corporations<br>Box 6327<br>ahassee, FL 32314 | STREET/COURIER ADD<br>Registration Section<br>Division of Corporations<br>Clifton Building<br>2661 Executive Center Circl<br>Tallahassee, FL 32301 |  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BOWTIE INVES  | STMENTS, LLO                                       | <u> </u>                 |                           |
|---|--|--------------------------|---------------------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited  | <u>any as it now appears</u><br>Liability Company) | on our records.)         |                           |
| The Articles of Organization for this Limited Liability Company   | y were filed on                                    | 02/01/2005               | and assigned              |
| Florida document numberL05000010577   |  |                          |                           |
| This amendment is submitted to amend the following:   |  |                          |                           |
| A. If amending name, enter the new name of the limited lial   | bility company here                                | :                        |                           |
| RJR Charitable  | • .  |                          |                           |
| The new name must be distinguishable and end with the words "Lim"L.L.C."  | nited Liability Compan                             | y," the designation '    | 'LLC" or the abbreviation |
| Enter new principal offices address, if applicable:   | <del></del>  |                          | <del>1</del>              |
| (Principal office address MUST BE A STREET ADDRESS)   |  |                          | SECTA<br>SECTA            |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                                  |  |                          | NOV 30 AN II: 3           |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her |  | ır records, <u>enter</u> | )*<br>                    |
| Name of New Registered Agent:   |  |                          |                           |
| New Registered Office Address:  | Fnte   | er Florida street aa     | ldress                    |
|   | Line   |                          | W. 000                    |
| · · · · · · · · · · · · · · · · · · ·   | City <sup>,</sup>                                  | , 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

| inager<br>Managing Member   |  |  |
|-----------------------------|--|--|
| <u>Name</u>                 | Address  | Type of Action   |
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| ding any other information, | enter change(s) here: (Attach additional sheets.   | if necessary.)   |
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|                             |  |  |
| November 23                 |  |  |
|                             |  |  |
| Signature                   | of a member or authorized representative of a member   | per  |
|                             | Roniel Rodriguez IV  |  |
|                             | Managing Member Name  ding any other information, of the second of the s | Name Address  Address  ding any other information, enter change(s) here: (Attach additional sheets.)  November 23  Signature of a member or authorized representative of a member of authorized represent |

Page 2 of 2

Filing Fee: \$25.00