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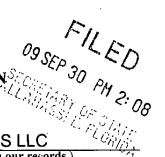
EXAMINER

COVER LETTER

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TO: Registration Section Division of Corporations								
SUBJECT: BLACK TIE DRYCLEANING SERVICES LLC								
30202								
					•			
The enclosed Articles of Amendment and fee(s) are submitted for filing.								
Please	eturn all correspond	ence concerning this matte	r to the followin	g:				
L			EONCIO R. SUAREZ					
	Name of Person							
	BLACK TIE DRYCLEANING SERVICES LLC							
	Firm/Company							
1'			126 NW 81 TERRACE					
	Address							
	PLANTATION FLORIDA 33322							
	City/State and Zip Code							
ruyelm@yahoo.com E-mail address: (to be used for future annual report notification)								
For fur	her information con	cerning this matter, please		are amuai report nottii	atton)			
LEONCIO R. SUAREZ at (954) 274-1377								
	Name of P		at (9	Area Code & Daytime	274-1377 Telephone Number			
					,			
Enclose	ed is a check for the	following amount:						
₽ \$25	00 Filing Fee [\$30.00 Filing Fec & Certificate of Status	Certifie	iling Fee & d Copy nal copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314		STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	tions eter Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATIONS OF



BLACK TIE DRYCLEANING SERVICES 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	02/20/2008	and assigned		
Florida document numberL08000018367					
This amendment is submitted to amend the following:			·.		
A. If amending name, enter the new name of the limited liab	ility company her	<u>re</u> :			
BLACK TIE SEI	RVICES LLC				
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Compa	any," the designation "LI	C" or the abbreviation		
Enter new principal offices address, if applicable:	1126 NW 81 TERRACE				
(Principal office address MUST BE A STREET ADDRESS)	PLANTATION, FLORIDA 33322				
			· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:	1126 NW 81 TERRACE				
(Mailing address MAY BE A POST OFFICE BOX)	PLANTATION, FLORIDA 33322				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter th</u>	e name of the nev		
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
		, Florida			
	City		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

MGR = Manager MGRM = Managing Member <u>Title</u> **Type of Action Name Address** ☐ Add Remove ☐ Add Remove ☐ Add ☐ Remove ∏Remoye Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized ive of a member LEONCIO R. SUAREZ Typed or printed name of signee

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:

Page 2 of 2

Filing Fee: \$25.00