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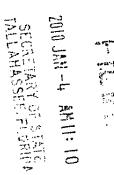
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EXMINE VIEW

COVER LETTER

TO:

Registration Section

Division of Co	rporations		
SUBJECT:		s & Bows LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
Name of Person			
	Giggles & Bows LLC		
	Firm/Company		
	2120 SW Oak Ridge Rd		
	Address		
		Palm City FL 34990 City/State and Zip Code	
	gigg E-mail address; (lesandbows@gmail.com to be used for future annual report notifi	
For further information	concerning this matter, please o	•	(cation)
	,, F		
Nicole Hodgert Name of Person		at (561) Area Code & Daytim	312-1293
Name	or reison	Area Code & Daytini	e retephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	Giggles & I d Liability Compa A Florida Limited I	Bows LLC ny as it now appears Ciability Company)	on our records.)	 -	
The Articles of Organization for this Limited I Florida document numberL0900003	and assigned					
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liab	oility company here	:			
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Compan	y," the designation	on "LLC" or t	the abbreviation	
Enter new principal offices address, if appli	2120 SW Oak	Ridge Rd.		3		
(Principal office address MUST BE A STRE	ET ADDRESS)	Palm City, FL	34990	120	- March and a second a second and a second a	
Enter new mailing address, if applicable:	2120 SW Oak	Ridae Rd.	:41)			
(Mailing address MAY BE A POST OFFICE	Palm City, FL	71 CO				
B. If amending the registered agent and registered agent and/or the new registered of			ır records, <u>ent</u>	er the nam	e of the nev	
Name of New Registered Agent:	Nicole Hodo	Nicole Hodgert				
New Registered Office Address:	2120 SW O	Oak Ridge Rd.				
			er Florida street			
		Palm City, Florid				
		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 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:

MGR = Manager

MGRM = Managing Member **Title Name** <u>Address</u> **Type of Action** MGR Nicole Hodgert 2120 SW Oak Ridge Rd. ✓ Add Palm City Fl. 34990 Remove Remove Remove Add Remove 0 ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member Nicole Hodgert Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00