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SECRETARY OF STATE
TALLAHASSEE FI OBJECT

S. HAWKES

MAR 1 2 2010

EXAMINER

· COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Bowtide Productions, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gustavo Codore
Name of Person
Bowtie Ypoductions, LLC
Firm/Company
2700 SW HILL.
Address
mi ane ft 33/29
City/State and Zp Code
E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Custavo Godoy at (305, 439-4858) Name of Person Area Code & Daytime Telephone Number
7 Tod Cide, & Day time Totophone Painted
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appe Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability C Florida document number <u>L 10000024</u> C	Company were filed on $\frac{5}{263}$	March 4 2010	and assigned
This amendment is submitted to amend the following:			HASS HASS
A. If amending name, enter the new name of the lim Bowtie Production	S. LLC		PH 3: 5
The new name must be distinguishable and end with the wo "L.L.C."	rds *Limited Liability Com	pany," the designation "L	Let the debreviation
Enter new principal offices address, if applicable:		Same	
(Principal office address MUST BE A STREET ADDI	RESS)		
Enter new mailing address, if applicable:		Same	
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, <u>enter t</u>	he name of the nev
Name of New Registered Agent:		Same	
New Registered Office Address:			
· 		Enter Florida street add	ress
		, 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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

	<u></u>	1	Remove
			☐ Remove
			AddRemove
			Add Remove
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ng any other inform	ation, enter cha	nge(s) here: (Attach additional	sheets, if necessary.)
	ignature of a mem	er or authorized representative of	°a member
		Signature of a hiem	

Page 2 of 2

Filing Fee: \$25.00