

L12000122663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

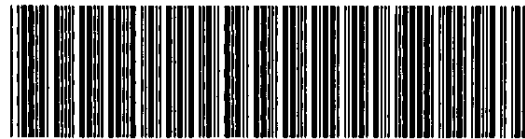
(Business Entity Name)

(Document Number)

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SECRETARY OF REVENUE
PALM HAVEN, FLORIDA

12 DEC -7 PM 4: 37

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B. BOSTICK
DEC 10 2012
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BLACK TIE GIFT BASKETS, 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:

MARTA C. PEREZ
Name of Person

BLACK TIE GIFT BASKETS, LLC
Firm/Company

12547 S.W. 121 Avenue
Address

Miami, FL 33186
City/State and Zip Code

blacktiegiftbaskets@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeannette Childs at (305) 804-6527
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TALLAHASSEE, FLORIDA

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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

BLACK TIE GIFT BASKETS, 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 9/25/2012 and assigned Florida document number L12000122663.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: MARTA C. PEREZ
New Registered Office Address: 12547 S.W. 121 Avenue
Enter Florida street address
Miami, Florida 33186
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.

Marta C. Perez
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:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Miguel Perez-Navarro	12547 S.W. 121 Ave.	<input type="checkbox"/> Add
		Miami, FL 33186	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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SECRETARY OF STATE
PAUL HASSER, FLO
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Add
 Remove
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 Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 12/6/, 2012.

Miguel
Signature of a member or authorized representative of a member
MIGUEL PEREZ-NAVARRO.
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA