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(Re	equestor's Name)	
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K.SALY EXAMNER 2015

COVER LETTER

Div	ision of Corp	orations				
SUBJECT:	BOW WOW	WEAR LLC				
20200		Name of Limi	ted Liability Company			
The enclosed	d Articles of A	amendment and fee(s) are subr	nitted for filing.			
Please return	all correspon	dence concerning this matter t	to the following:			
		MARIA C BURGER				
			Name of Person			
		BOW WOW WEAR LLC				
Firm/Company						
		12573 NW 10 PL				
			Address			
		SUNRISE FL 33323				
	City/State and Zip Code					
		digginitdesigns@hotmail.co				
		E-mail address: (t	o be used for future annual report notific	eation)		
For further i	nformation co	ncerning this matter, please ca				
MARIA C E	BURGER		954 260-1065 at ()	•		
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is	a check for the	e following amount:				
□ \$25.00 I	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)		

MAILING ADDRESS:

TO:

Registration Section

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

2015 JUN 15 PM 3: 02

BOW WOW WEAR 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 $\frac{11-26-2012}{1}$ Florida document number $\frac{L12000147632}{L12000147632}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: diggin it designs LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 12573 NW 10 PL Enter new principal offices address, if applicable: SUNRISE, FL 33323 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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 605, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

___, Florida __

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: FILED MGR = Manager AMBR = Authorized Member 2015 JUN 15 PM 3: 02 <u>Title</u> Name <u>Address</u> **Type of Action** □ Add ☐ Remove _□ Change □ Add _□ Remove _□ Change ☐ Remove _□ Change □ Add _□ Remove _□ Change □ Add ☐ Remove ☐ Change ☐ Add _□ Remove

_□ Change

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Tective date, if other than the neffective date is listed, the date muste: If the date inserted in this bounder's effective date on the Date in the Da	st be specific and cannot be prior to ock does not meet the applicab	o date of filing or more than 90 date of statutory filing requirement	(optional) ys after filing.) Pursuant to 605.020' nts, this date will not be listed as
record specifies a delayed The 90th day after the rec	d effective date, but not ord is filed.	an effective time, at 12	2:01 a.m. on the earlier o
led	, 2015		
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	· Much	ized representative of a member	

Page 3 of 3

Filing Fee: \$25.00