L13000032135

(Re	equestor's Name)	
(Ad	idress)	
(Ac	ddress)	
(Cil	ty/State/Zip/Phone #)	
PICK-UP	WAIT [MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of St	atus
Special Instructions to	Filing Officer:	
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DIVISION OF CERTURALD

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COVER LETTER

TO:

	egistration Se ivision of Cor				
eren ir ea	- .	MADAME BUTTERF	LY DESIGN FIRM, LL	С	
SUBJECT	:	Name of Lim	ited Liability Company		
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please rett	irn all correspo	ndence concerning this matter	to the following:		
		L	ORETHA ROZIER		
			Name of Person		
		MADAME BU	JTTERFLY DESIGN FI	RM, LLC	
Firm/Company			***************************************		
	2561 SW 99TH WAY				
			Address		
		M	IIRAMAR. FL 33025		
		City/State and Zip Code			
			nadameb56@gmail.cor to be used for future annual		
For further	information c	oncerning this matter, please ea		•	
L	ORETHA RO	ZIER	954 at (1	901-9495	
	Name o	f Person	Area Code	Daytime Telephone Number	
Enclosed i	s a check for th	ne following amount:			
\$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is end	Certificate closed) Certified C	of Status &
	MAIL	ING ADDRESS:	STREE	F/COURIER ADDRESS:	

Registration Section

P.O. Box 6327 Taflahassee, FL 32314

Division of Corporations

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MADAME BUTTERFLY D	DESIGN FIRM. LLC	
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L13000032135	Company were filed on MARCH 01, 2013 —.	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	oited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	<u> </u>
		69
Enter new mailing address, if applicable:		~
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		<u> </u>
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		the name of the new
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 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	DANYEAL KIGHT	2561 SW 99TH WAY	= Add
		MIRAMAR,FL 33025	☐ Remove
			□ Change
AMBR	REGINA FERDINAND	2561 SW 99TH WAY	□ Add
		MIRAMAR, FL 33025	■ Remove
			Change
			Add
			Remove
			Change
			☐ Add
			□ Remove
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<u>te:</u> If the date inserted in thi	JUNE 27TH, 2018 the date of filing: must be specific and cannot be prior to date of filing or mor s block does not meet the applicable statutory filing to e Department of State's records.	(optional) re than 90 days after filing.) Pursuant to 605.02 requirements, this date will not be listed a
record specifies a dela The 90th day after the i	yed effective date, but not an effective tin record is filed.	ne, at 12:01 a.m. on the earlier
ted	·	
	SP C	
	Signature of a member of authorized representative of	f a member

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Filing Fee: \$25.00