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K. SALY EXAMINER DEC 16 2015

COVER LETTER

| TO: | Registration Sec Division of Corp | | | , , , , , , , , , , , , , , , , , , , |
|-----------|--------------------------------------|---|---|--|
| CHDIE | Black Tie B | ows | | |
| SUBJE | CI: | Name of Limi | ited Liability Company | |
| The enc | losed Articles of A | Amendment and fee(s) are sub- | mitted for filing. | |
| Please re | eturn all correspoi | ndence concerning this matter | to the following: | |
| | | Morsell Allison | | |
| | | | Name of Person | |
| | | Black Tie Bows | | |
| | | | Firm/Company | |
| | | 2213 NE 123rd Street | | |
| | | | Address | |
| | | North Miami, FL 33181 | | |
| | | | City/State and Zip Code | |
| | | morsell.allison@gmail.com | | |
| | | E-mail address: (| to be used for future annual report notifi | cation) |
| For furt | her information co | oncerning this matter, please ca | all: | |
| Morsell | Allison | | 917 3998697 at () | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclose | d is a check for th | e 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) |

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

2015 DEC 14 PM 1: 43 Black Tie Bows, 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 $\frac{03}{19}/2014$ Florida document number _ L13000078930 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 2213 NE 123rd Street Enter new principal offices address, if applicable: Miami Beach, FL 33181 (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 , Florida City

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| E. Effec | ctive date, if other than the | date of filing: the specific and cannot be prior to date of filing | (optional) g or more than 90 days after filing.) Pursuant to 605,0207 (3)(|
| <u>Note</u> | If the date inserted in this bloment's effective date on the Do | ock does not meet the applicable statutory | y filing requirements, this date will not be listed as the |
| | ecord specifies a delayed e 90th day after the rec | | tive time, at 12:01 a.m. on the earlier of: |
| Date | d December 10th | , 2015 | |
| | | Signature of a member or authorized represen | |
| | //// | Signature of a member or authorized represent | atative of a member |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00