117000003937

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
	_	_		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	_ Certificate:	s of Status		
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1. HARRINS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DOYGITY MEN'S CUS Name of Lim	STUM JEWELRY & MUREILLC.
The enclosed Articles of Amendment and fee(s) are sub	mitted for filing.
Please return all correspondence concerning this matter	to the following:
	APAVI CIO Name of Person
_	Firm/Company
17627	Address
ORLANT	City/State and Zip Code
Ckdys G E-mail address: (Aparicio @ gmailcom to be used for future annual report notification)
For further information concerning this matter, please ca	all:
Cludys Aparicio Name of Person	at (305) 498.0311. Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\text{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

PayALT MEN'S CUSTOM JEWE PY MOYE, 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 Olos 2017 and assigned Florida document number Li700003937.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited lial	oility company here:		
BLACKTIE WriSTWEAR, LI	LC.		
The new name must be distinguishable and contain the words "Limited Liab		1 "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	_ 1762 FO	INN CREEK COVE	
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO	FL 32824	
Enter new mailing address, if applicable:	1762 Fa	un CABEL COVE	
(Mailing address MAY BE A POST OFFICE BOX)	OPLANDO	FL 32824	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		ecords, enter 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 = A	AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
•			Remove		
			Change		
			□ Add		
			□ Remove		
			Change		
			□ Add		
			☐ Remove		
			Change		
•			Add		
			☐ Remove		
			Change		
		LRemove-			
			P Denange		
			Add		
		Remove			
			D.C		