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## **COVER LETTER**

TO: Registration Section of Corp			
SUBJECT:	The Bow T	re Reators L ted Liability Company	LC_
•	The BOW Ti	e Realtors L	-LC
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	5ta	Mary W Watts	Jr
		Firm/Company	
	7511 5	olstice Circl	P #412
	_ orla	Orlando FL City/State and Zip Code	32821
	E-mail address: (1	iths @icloud, co	cation)
For further information cor	cerning this matter, please ca	11:	
Stanley Nume of 1	wwatts Jr	at ( <u>407</u> ) <u>616</u> S Area Code Daytime	7249 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 Galditional conv is enclosed)

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

The Bowtie Roman (A Florida Limited I.	oaltors LL	<u>cords.</u> )	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 19005168.165</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The Bow Tie, Realt The new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the new name must be distinguishable and	ors LL C ity Company," the designation "	LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)	·		<u>n</u>
Enter new mailing address, if applicable:		P 13	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ords, enter the name of the no	ew i
Name of New Registered Agent:	A		
New Registered Office Address:	Enter Florida street ad		
		. 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, <u>enter the title, name, and address of each person\_being added</u> or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Name</u> **Type of Action** <u>Title</u> Address \_□ Add ☐ Remove \_\_\_\_\_ Change \_□ Remove □ Change □ Remove ☐ Change □ Add □ Remove ☐ Change □ Remove \_ Change \_□ Add ☐ Remove

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Filing Fee: \$25.00