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COVER LETTER

SURFECT: BO	the Don't LC		
3000 ECT	Name of Lin	mited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspond	ondence concerning this matter	r to the following:	
	Denick M	. Cuomo	·
Bivision of Corporations SURJECT: Bout: Described Libiting Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Describe M. Coomo Name of Person Bout: Describe LLC Firm/Company 1309 Occupen St Address October St Address City/State and Zip Code describe Double Configurations For further information concerning this matter, please call: Describe M. Coomo Name of Person at (407) 495-2446 Daytine Telephone Number Enclosed is a check for the following amount: X\$25.00 Filing Fee Story is address: Certificate of Status Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee			
	Bowlie 1	Derrick LLC	
		Firm/Company	
	1308 Oc	400 St	
		Address	-
	01.1	E1 71603	
•		City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
David M.	,	427	244
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
\$25,00 Filing Fcc		Certified Copy	Certificate of Status &
P.O. Box 632	7		
Tallahassee, F	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bowtie Denick LLC		
Rowtie Denick LLC (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company v	were filed on $\frac{4/27/2020}{}$	_ and assigned
Florida document number <u>L20000 113394</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
Bowtie Consulting Service, LLC The new name must be distinguishable and contain the words "Limited Liability"	ty Company," the designation "LLC" or the abbru	viation "L.L.C."
Enter new principal offices address, if applicable:	1309 Oregen 51	
(Principal office address MUST BE A STREET ADDRESS)	O-16-du, F132803	
Enter new mailing address, if applicable:	PO Box 530052	
(Mailing address MAY BE A POST OFFICE BOX)	Oriendo, FI 32853	
B. If amending the registered agent and/or registered office ac	Idross on our rosseds ententhe	54h
agent and/or the new registered office address here:	idiess on our records, enter the name o	the new registered
Name of New Registered Agent:		.
New Registered Office Address:	Fnter Florida street address Florida Cuty	202
	Enter Florida street address	E
	, Florida	. <u>ro</u>
N	City	Zip (Sal e
New Registered Agent's Signature, if changing Registered Agent:	į́ [⊊]	
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 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>	Address	Type of Action
MGR	Michael Lumberd:	1308 Oregin St	□ Add
		Galando, F1 32803	□Remove
			□ Add
			□Remove
			□ Change
		 	□Add
			□Remove
			□ Change
			□Remove
			□ Change
			□ Add
			□ Пенюче
			□ Change
			□ Add
			□Remove
			Change

_	Changing name from Butte Desnit LLC to Boute Consilling Somices LLC.
	Changing name from Boute Devick LLC to Boute Consulting Somices LLC. Also changing Michael Lomburdi from AMBR to MGR.
_	
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ctiv	we date if other than the date of filing: $\frac{11}{27} \frac{1}{2} \frac{1}{27} \frac{1}{2} = \frac{1}{2} \frac{1}{$
effe	we date, if other than the date of filing: $\frac{11/27/2021}{2021}$ (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
<u>c:</u> I umc	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.
	(
cord	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
file	d.
ed_	November 27th 2021
	November 27th 2021
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00