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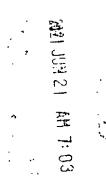
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JUL 2 0 2021

COVER LETTER

Division of Corporations
SUBJECT: BOWTIE BUlliez LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Garrod Copeland
Name of Person
Bowtie Bulliez, (1C
7401 Plantation Blud.
11.11. 1 7. 22.22.
HOTIYWOOD, FL. 23023
bow fie by //iez Comai/. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
<u>Carrod Copeland</u> at 305 467 - 5707 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Bowtie Bulliez LL@ JUHZI AM 7:03

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our re Liability Company)	cords.)
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
he Articles of Organization for this Limited Liability Compan	y were filed on	and assigned
lorida document number		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>er</u>	iter the name of the new regi
gent und of the new regionered office address here.		
Name of New Registered Agent:		
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street a	ldress
	Enter Florida street ad	ulress , Florida Zip Code

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:

	Manager Authorized Member	2491 HPU O I EM T- O O	
<u>Title</u>	<u>Name</u>	2521 JUN 2 AM 7: 03 Address	Type of Action
MGR	Garrod Copeland	7401 Plantation-Blud	🗹 Ādd
		7401 Plantation- Blvd Hollywood, FL. 33023	□Remove
			□Change
			🗆 Add
			□Remove
			🗆 Change
-			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
			□Change

	2621 JUN 21 AM 7: 03
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an effective date is list lote: If the date ins	ther than the date of filing:
record specifies a de is filed.	elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated June	11 2021
	fatmed (cel
	Signature of a member or authorized sepresentative of a member
	(104100 100+1000

Filing Fee: \$25.00