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## **COVER LETTER**

TO: Registration So Division of Cor		1		
	2740. LLC		•	
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspo	ondence concerning this matter (	to the following:		
	Rosemarie Tully			
	<del></del>	Name of Person		_
				202
		Firm/Company		- <del>-</del> 3
	P.O. Box 1054			2021 NOV -3 FK 2: 0
		Address		
	Huntington, NY 11743			2 No. 2
	<del></del>	City/State and Zip Code		_ ' ; Oi
	rosemarie@tullylaw.com			_
	E-mail address: (t	o be used for future annual report no	tification)	
For further information c	oncerning this matter, please ca	III:		
Rosemarie Tully		631 234-2376		
Name o	f Person	Area Code Dayti	me Telephone Numb	ner
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	Filing Fee, cate of Status & ed Copy tal copy is enclosed)
Mailing Address		Street Address:	untion	
Registration S Division of C		Registration S Division of Co		
P.O. Box 632	7	The Centre of	Tallahassee	
Tallahassee, l	FL 32314	2415 N. Monr	oe Street, Suite	810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOW TIE 2740, 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 tiled on  $\frac{12/28/2020}{1}$ and assigned Florida document number  $\frac{1.21000005766}{}$ 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 "LLC." Enter new principal offices address, if applicable: (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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida \_

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	Rosemarie Tully	44 Elm Street, Suite 7, Huntington, NY 11743	🗆 Add
			<b>≡</b> Remove
			□Change
MGR	William A. Torrey, Jr.	15 Penataquit Place, Huntington, NY 11743	<b>=</b> Add
		······································	20 Remove
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ective date, if other than the d	ate of filing:	(optional)	
reffective date is listed, the date must b	se specific and cannot be prior to date of fili	ing or more than 90 days after filing.) Pursuant ory filing requirements, this date will not	to 605.020 be listed a
cument's effective date on the Dep		y ming requirements, this date with nov	oe materia.
	date, but not an effective time, at 12:0	1 a.m. on the earlier of: (b) The 90th da	ny after the
s tiled.			
November 2	2021		
pri	·		
ed			
HRANGU	ie Dulle		
HRANGU	ignature of a member or authorized represe	entative of a member	_

Filing Fee: \$25.00