## 103000041540

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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103-41540				

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M. HODGES

05 Jul 27 Mill: 57

## TRANSMITTAL LETTER

TO:

Registration Section

Divisi	on of Cor	porations			
SUBJECT:	DEC	OR ART & DESIGN,LC			
	·	(Name of L	imited Liability Company)		
			•		
The enclosed A	articles of	Amendment and fee(s) are su	bmitted for filing.		
Please return al	ll correspo	ndence concerning this matte	r to the following:		
	. <u>N</u>	IABEL NORMAN			
		C	Name of Person)	***	
	DECO	R ART & DESIGN, LC	-		
		(	Firm/Company)		
12	237 SW 4	8TH TERRACE	(Address)		
	DEE	RFIELD BEACH, FL 33442	/State and Zip Code)	<u> </u>	
		(City)	state and hip code)		
For further info	rmation co	oncerning this matter, please o	eall:		
MABE	L NORM	AN	at (_954 ) 698-901	9	
(Name of Person)			(Area Code & Daytime Telephone Number)		
_		ollowing amount:			
<b>1 \$25.00</b> Filing	Fœ	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
STREET ADDRESS: Registration Section		tion Section	MAILING ADDRESS: Registration Section		
Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399			Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<del></del> -	(Present Name) (A Florida Limited Liability Company)		<del></del> .
FIRST:	The Articles of Organization were filed on 10/24/2003 and assigned document number LO3000041540		
SECOND:	The following amendment(s) to the Articles of Organization was/were adopted liability company:	by the	limited
,	ADD: (MGRM)		
	ALIA GUEVARA - LOPEZ 80 WASHINGTON ST #207		
PE	MBROKE PINES FL 33025	<del></del>	05 JUL 27 A
Dated JUN	E,20 , 2005	⊕ 1 ⊕7	RIII: 57
	Signature of a member or authorized representative of a member  HABEL NORMAN.  Typed or printed name of signee		

Filing Fee: \$25.00