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SECRETARY OF STATE
ANASSEE: FLORIDA

COVER LETTER

TO: Registration Section Division of Corporat		eger and the second of the second the second of the secon	.
SUBJECT:	adecora	a LLC	
	Name of Limite	ed Liability Company	
The enclosed Articles of Amer	ndment and fee(s) are subr	nitted for filing.	·
Please return all correspondence	ce concerning this matter t	to the following:	
_	MARIA	9 DiAZ PAGAN Name of Person	
_	<u> </u>	decora LLC Firm/Company	
	351	Timber Grove	<u>ct</u>
		•	
_	mdiaz pac E-mail address: ((tg	endo, FL 328. City/State and Zip Code 7990 Quahoo. Com The used for future annual report notificat	ion)
For further information concer	ning this matter, please ca	ıll:	
MARÍA DÍAZ Name of Pers	- PAGAN	at (407) 5/2 - 4/ Area Code & Daytime T	elephone Number
Enclosed is a check for the following	lowing 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 (additional copy is enclosed)

MAILING ADDRESS:

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

ARTICLES OF C	DRGANIZATION	FII -
)F	FILED
SIGNATURE GRAM (Name of the Limited Liability Comp (A Florida Limited	ND DÉCOR	10 APR - 1 AMII: 11
(Name of the Limited Liability Comp	any as it now appears on o	ur records THASSEF ENTATE
(A Florida Ellinted	Liability Company)	, FLORIDA,
The Articles of Organization for this Limited Liability Compan		
Florida document number <u>L 060 00/0506</u> 2		
This amendment is submitted to amend the following:		
A. If amounting name, autoutha name name of the limited lie	hility company have	
A. If amending name, enter the new name of the limited lia	omty company nere.	
<u>aaewy</u>	d LLC	
The new name must be distinguishable and end with the words "Lin" L.L.C."	nited Liability Company," th	ne designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	351 Tim	bar Orone Ot
• • •	Opiaion	per Grove et
(Principal office address MUST BE A STREET ADDRESS)	CILLIFA SU	, FC 32828
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	\sim	IA
		
B. If amending the registered agent and/or registered o	office address on our re	cords enter the name of the new
b. If amending the registered agent and/or registered of r		colds, enter the name of the new
	 -	
	1.14	<u> </u>
Name of New Registered Agent:	/	<u></u>
New Registered Office Address:		
	Enter Flo	orida street address
		, 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

GKM =	Managing Member		
<u>le</u>	Name	Address	Type of Action
			Add
			Remove
			· · · · · · · · · · · · · · · · · · ·
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Ifama	nding any other information	enter change(s) here: (Attach additional shee	ets if necessary)
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Yom k	INCOUR TO TO SIGN	sture grand Decor LIC,	but we were
	March 30	2010	
ated	<u></u>		
	Maria	Nies- Sagan	
	Signatu	re of a member or authorized representative of a me	ember
	MARI	Typed or printed name of signee	- to and the state of the state
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00