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SECRETARY OF STATE
ANASSEE, FLORDING

COVER LETTER

| | egistration Section ivision of Corporations |
|--------------|--|
| SUBJECT | DECO HOLDINGS LLC |
| ~~~~ | Name of Limited Liability Company |
| | |
| The enclose | ed Articles of Amendment and fee(s) are submitted for filing. |
| Please retur | rn all correspondence concerning this matter to the following: |
| | HARRIS S. FRIED Name of Person |
| | THE FRIED FAMILY OFFICE LLC |
| | P-O- Box 2840 |
| | PALM BEACH, FL 33480 City/State and Zip Code. |
| | E-mail address: (to be used for future annual report notification) |
| For further | information concerning this matter, please call: |
| HA | ellis 5. FLIED at 561, 596-4559 |
| | Name of Person Area Code & Daytime Telephone Number |
| | a check for the following amount: |
| \$25.00 F | Siling Fee Salary Salar |
| | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 MAILING ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

Zip Code

DECO HOLDING HC

| (Name of the Limited Liability Compan (A Florida Limited Li | y as it now appears on our records.) ability Company) |
|---|--|
| The Articles of Organization for this Limited Liability Company Florida document number | were filed on Nov. 21, 2006 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabil | |
| The new name must be distinguishable and end with the words "Limite"L.L.C." | ed Liability Company," the designation "LLC" or the abbreviation |
| 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) | P.O. BOX 2840 PAHM BEACH, FL. 33480 |
| B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here | |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | Florida |

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.

City

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Title</u> Name | **Address** Type of Action Remove Add Remove ☐ Add Remove Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Dated _ JUNE 30, 2011 Signature of a member or authorized representative of a member Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00