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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
INcomple	to our	27771
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Office Use Only



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04/38/15--01816--028 **25.88



K.SALY EXAMINER MAY 21 2015



May 6, 2015

ELIZABETH G LOUIS 560 SW HALDEN AVE. PORT ST. LUCIE, FL 34953

SUBJECT: D&E BETTER ELECTRONICS & EXOTIC DECOR LLC

Ref. Number: L06000116296

We have received your document for D&E BETTER ELECTRONICS & EXOTIC DECOR LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is incomplete, it is missing the last page. Enclosed is the last page missing.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 015A00009476

COVER LETTER

SUBJECT: DE	E ExoTic Hom	ne Decor LLC ed Liability Company	
	Name of Limite	ed Liability Company	
The enclosed Articles of An	nendment and fee(s) are subm	itted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	ELIZAbet	Name of Person	
		Name of Person	
	DEE ExoTic	Home Decor LL	C
		Firm/Company	
		11	
	560 S.W. A	Halden Ave.	
		Addices	
	Port Saint L	Mcie, FL 3 City/State and Zip Code	14953
•	E-mail address: (10	gincl 3667@ YANUO be used for future annual report notificati	on) * CS/M
For further information cond	cerning this matter, please call	l:	
		- * * * * * * * * * * * * * * * * * * *	
ELIZABETH Name of Pe	erson	at (772) 621 - 01 Area Code Daytime Tel	7 / 3 enhone Number
Number of Te		21,1111	· · · · · · · · · · · · · · · · · · ·
Enclosed is a check for the f	ollowing 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:

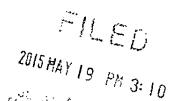
Registration Section
Division of Corporations

TO:

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 OF



D & E BETTER ELECTRONICS & EXOTIC DECOR LUC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A FIORICA LIBINEO L	иявину сопъраву	"		
The Articles of Organization for this Limited Lia Florida document number <u>LOGOOOL</u>			12/	06/2006	and assigned
This amendment is submitted to amend the following	wing:	•			
A. If amending name, enter the new name of DEE EXOTIC The new name must be distinguishable and contain the wo	HOME	DE	COR	LLC n "LLC" or the abbrevia	ation "L.L.C."
Enter new principal offices address, if applica				·HAlden lucie, FL 3	
Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE B	8 <u>0%)</u>	560 Ports	s.w.	HALDEN Jucie, FL	Ave. 34953
B. If amending the registered agent and/o registered agent and/or the new registered off			on our re	ecords, enter the	name of the new
Name of New Registered Agent:	ELIZA	ВЕТН	G.	Louis	
New Registered Office Address:	560 s.	W. Haldi	en Air Iorida street	e.	
	Part Sain	t liacie	W MAG 317821	<i>address</i> _, Florida <u>3 4</u> zij	953
	, , , , , , , , , , , , , , , , , , , ,	City			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 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:

MGR = Ma AMBR = Au	mager thorized Member		
Title	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Elizabeth G. Louis	560 SW HALDEN Are - Port St. Luci	<u>e</u> D∕Add
			D Remove
			🗆 Change
MBRM	D'ASHTON LOUIS JR	560 SM HALDEN AVE. Port St.	_
			id Remove
			Change
<u>MGR</u> M	Emilien Louis	560 HAIDEN Are Port St. W.c.	e De Add
			Remove
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ective date, if other t	han the date of fili	ing:		(optio	nal)
te: If the date inserted	in this block does no	t meet the applica	able statutory filir	nore than 90 days after : ig requirements, this	filing.) Pursuant to 605.020 date will not be listed a
ument's effective date	on the Department of	f State's records.			
record specifies a	delaved effective	date, but no	t an effective	time, at 12:01 a	.m. on the earlier o
he 90th day after	the record is file	d.	t arr erreactive		inition one carrier o
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Page 3 of 3

Filing Fee: \$25.00