

LO900004455
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : SERVICIOS COMUNITARIOS LATINOS INC
Account Number : 720000000080
Phone : (305) 642-1090
Fax Number : (305) 642-1010

****Enter the email address for this business entity to be used for the annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DECOUD, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

D. BRUCE

APR 14 2010

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 APR 13 AM 8:00

FILED

2010-04-13 08:29 2

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DECOUD, LLC

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

RECEIVED
10 APR 13 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/14/2009 and assigned
Florida document number L09000004455

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DECOUD NOELIA ESTHER, LLC.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

Enter Florida 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

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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

MGRM = Managing Member

Title	Name	Address	Type of Action
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

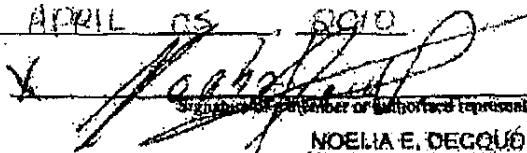
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

Executed

APRIL 05

2010



Signature of member or authorized representative of a member

NOELIA E. DECOUÉ

Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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