

L09000054591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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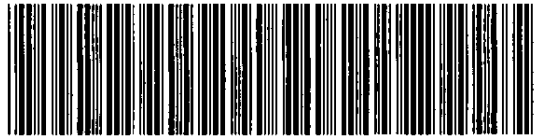
Special Instructions to Filing Officer:

A. LUNT

JUL 15 2009

EXAMINED

Office Use Only



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07/13/09--01041--030 \*\*30.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 JUL 14 AM 9:00

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DECORNO PARTNERS, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOANNA DATESH CORNIDE  
Name of Person  
DECORNO PARTNERS, LLC  
Firm/Company  
6800 BIRD RD #473  
Address  
MIAMI FL 33155  
City/State and Zip Code  
JDATESH@BELL-SOUTH.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOANNA DATESH CORNIDE at (305) 490-8983  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

CHK # 1031

☐ \$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  
OF**

DECERNO PARTNERS, LLC

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

The Articles of Organization for this Limited Liability Company were filed on JUNE 05, 2009 and assigned  
Florida document number LO9000054591.

This amendment is submitted to amend the following:

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

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

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)

FILED  
2009 JUL 14 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

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

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
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MGR	LUIS M. CORNIDE	4100 SALED ST #401 CORAL GABLES FL 33146	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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MGRM	ROSE ROOM VENTURES, INC	920 NW 10TH CT MIAMI FL 33136	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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MGRM	HARRISON BROTHERS, INC	6000 BIRD RD #473 MIAMI FL 33155	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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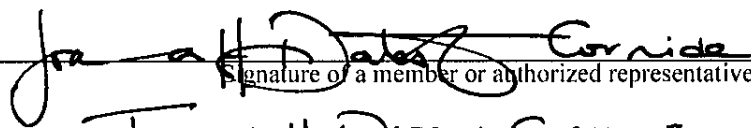
			<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 7/3/09, \_\_\_\_\_

  
Signature of a member or authorized representative of a member  
JOANNA H. DATESH CORNIDE  
Typed or printed name of signee

FILED  
2009 JUL 14 AM 9:00  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE