L09000097822

(Re	questor's Name)
(A d	dress)	
(Au	uiess)	
(Ad	dress)	
(C)	101-1-17: (D)	- 40
(UIT	y/State/Zip/Phor	1e #)
☐ PICK-UP	☐ WAIT	MAIL
(Ru	siness Entity Na	me)
DCJ)	Siness Littly Na	me,
(Do	cument Number)
Contified Conics -	Cortificate	o of Status
Certified Copies	_ · Certificate	s or Status

Special Instructions to Filing Officer:

A. LUNT

NOV 23 2009

EXAMINER

Office Use Only



200162682432

11/20/09--01004--013 **25.00

SECTE TAKE OF STATE

COVER LETTER

TO:

Registration Section

Division of Co	rporations				
SUBJECT:	Custom H	ome Decor, LLC	1		
		ed Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		Edgar Rosas			
		Name of Person			
	Cus	stom Home Decor, LLC		7887	417
		Firm/Company		2009 NOV 20 SECALLARASS	AT SERVICE N
3610 Foxwood Boulevard					a PHZ
		Address		THE RESERVE	
	We	sley Chapel, Fl. 33543		PM 2: 57	
		City/State and Zip Code			
	eros	sas.6535@yahoo.com			
	E-mail address: (t	o be used for future annual report notificat	ion)		
For further information	concerning this matter, please ca	all:			
	Edgar Rosas	at (v · v ·)	67-5935		
Name	of Person	Area Code & Daytime T	elephone Number		
Enclosed is a check for	the following amount:			•	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	ed)
Regis Divis P.O. l	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Custo	m Home Decor, LL(<u> </u>	
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appe la Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Florida document number	y Company were filed on	October 9, 2009	and assigned
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the l	imited liability company h	ere:	
	· · · · · · · · · · · · · · · · · · ·	nar M Maring	<u> 23</u>
The new name must be distinguishable and end with the vull.L.C."	words "Limited Liability Com	pany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	* = ***	νου (η	3 2
(Principal office address MUST BE A STREET AD	DRESS)	1,2	5 5 TI
	*****		<u> </u>
			3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Enter new mailing address, if applicable:		7	r
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office a		our records, <u>enter tl</u>	ne name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	1	Enter Florida street addr	ress
		, 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 <u>Title</u> **Name Address Type of Action** Sec. Judy Rosas 3610 Foxwood Boulevard ✓ Add Wesley Chapel, Florida 33543 Remove ☐ Add ☐ Remove ☐ Add ☐ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 17 2009 Dated Signature of a member or authorized representative of a member

Edgar Rosas
Typed or printed name of signee

Page 2 of 2 Filing Fee: \$25.00