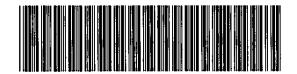
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

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SUBJECT:	Dechoker LL	С		i ng	
SUBJECT.	***************************************	Name of Limite	ed Liability Company	.	
The enclosed	l Articles of A	mendment and fec(s) are subm	itted for filing.		
Please return	all correspond	dence concerning this matter to	the following:		
		Lisa Carver			
			Name of Person		
		Dechoker LLC			
		· · · · · · · · · · · · · · · · · · ·	Firm/Company		
		13225 Royal George Ave.			
			Address		
,		Odessa, FL 33556			
		**	City/State and Zip Code	×	
		alanrcarver@yahoo.com			
		E-mail address: (to	be used for future annual rep	port notification)	
For further in	nformation con	cerning this matter, please call	:		
Alan Carver			850 830-5	5588	
	Name of P	erson	Area Code	Daytime Telephone Number	
Enclosed is a	check for the	following amount:			
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	e of Status &

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

Deciloker LLC					
(Name of the Limited Li (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	•			
The Articles of Organization for this Limited Liabili	ity Company were filed on 03/17/2010	and assigned			
This amendment is submitted to amend the followin	ig:				
If amending name, enter the new name of the limited liability company here: e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."					
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."			
Enter new principal offices address, if applicable	:				
Principal office address MUST BE A STREET A	DDRESS)				
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE BOX	<u> </u>				
		74 7			
3. If amending the registered agent and/or r	registered office address on our records, en	ter the name of the ne			
egistered agent and/or the new registered office	<u>address here</u> :	SSS ON I			
		mg R			
Name of New Registered Agent:		F. 2.			
New Registered Office Address:		33 R.E.			
	Enter Florida street address				
	, Florida	1			
_	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 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Alan Carver	13225 Royal George Ave	
		Odessa, FL 33556	Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change 55
			Removel 1
		**************************************	FLORUM
			Add
			□ Remove
			Change
			Add
			☐ Remove
			☐ Change

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Filing Fee: \$25.00