L10000090322

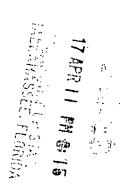
(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
(Dod	cument Number) Certificates	

Office Use Only



800297678548

04/11/17--01024--021 **55.00



APR 1 2 2017 Y SULKER

COVER LETTER

TO: Registration S Division of Co		
್. Deba Inter	eriors LLC	
A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
	Name of Limited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are submitted for filing.	
Please return all corresp	pondence concerning this matter to the following:	
	Christyne Desmarais	
	Name of Person	
	Deba Interiors LLC	
	Firn/Company	
	2464 NW 64th ST	
	Address .	
	Boca Raton, FL 33496	
	City/State and Zip Code	
	debainteriors@gmail.com	
	E-mail address: (to be used for future:annual report notification	on)
For further information	concerning this matter, please call:	
Christyne Desmarais	561 419-4219 at ()	
Name	e of Person Area Code Daytime Tele	ephone Number
	·	
Enclosed is a check for	the following amount:	
□ \$25.00 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 P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

450-745-6014 450-745-6014

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Deba Interiors 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 08/27/2010 and assigned Florida document number L10000090322 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 contain 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) 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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. Type of Action <u>Title</u> <u>Name</u> Address MGR Mark Jonathan Desmarais 2464 NW 64th St □ Add Boca Raton, FL 33496 _ Remove _□ Change □ Add □ Remove

	☐ Change
	☐ Add
	Remove
	□ Change
	□ Add
	
	C Remove
	☐ Change
	`□ Add
	The state of the s
	C' Add
	☐ Remove
	☐ Change

	T/A			
-	N/A			-
-			.	•
-				
_				
-				
-			<u> </u>	
_				
-				
-				
-			17	•
-		- <u> </u>	้อ	
_		331 603	=20 	
		المراقع المراقع		į.
-		FLO		
-				
	04/05/2017		© 1	
Effect	ive date, if other than the date of filing: (optional)		000
i an en <u>Note:</u>	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing if the date inserted in this block does not meet the applicable statutory filing requirements, this date	e will no	t be list	ed as
docurr	ent's effective date on the Department of State's records.			
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m.	on the	e earlie	er o
rne	90th day after the record is filed.			
	April 5th 2017			
Dated				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00