## L11060144964

(Requestor's Name)
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· (Only/Ordito/Elph Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## COVER LETTER

SUBJECT: Swa	g Decor, LLC		
n 1		nited Liability Company	
The enclosed Articles o	f:Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Shane Myer	es es	
	**************************************	Name of Person	
	Swag Decor	r, LLC	3.ma-
		Firm/Company	
	3701 Vinela	nd Road	
	,	Address	
·	Orlando, FL	. 32811	
		City/State and Zip Code	<del> </del>
	shane@swagded	-	
	E-mail address: (	to be used for future annual report noti	fication)
For further information.	concerning this matter, please of	all:	
Shane Mye	ers	at (321) 662-6	649
Name	of Person	Area Code Daytim	e Telephone 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)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (addition al copy is enclosed

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Registration Section Division of Corporations

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

Swag Decor, LLC				·	
(Name of the Limited	Clability Compar Florida Limited L	iv as It now and	y) '		
The Articles of Organization for this Limited Liab Florida document number P14000026184	pility Company			and assi	gried
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liabi	lity company	here:		
The new name must be distinguishable and end with the we	ords "Limited Liab	ility Company,"	the designation "LLC" or t	the aboreviation "L.	L.C."
Enter new principal offices address, if applical	ble:	3601 Vin	eland Road. Ste 1	0	
(Principal office address MUST BE A STREET	ADDRESS)	Orlando,	FL. 32811	·	<u> </u>
the Carmon Carlos of the Carlo	1				· · · · · ·
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE Be	<u>ox)</u>				
B. If amending the registered agent and/or registered agent and/or the new registered office.  Name of New Registered Agent:			on our records, <u>en</u>		of the new
· · · · · · · · · · · · · · · · · · ·	3601 Vinela	nd Bood	61		C) Grane
New Registered Office Address:	JOUT VIITEIA		Suite 10		<del>g f</del> n
	Orlando			328[] 🗠	
		City		Zip Code C	יע ע

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 Lam 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

Title MGRM	Name Chioli, David	Address 9614 LOBLOLLY PINE CIRC	Type of Action
<del></del>		Orlando, FL. 32827	Remove
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Effective d	ate, if other than the date of filing:
(The effective the date this	ate, if other than the date of filling:
(The effective the date this of	date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)  3/25, 20/4.
the date this	document is filed by the Florida Department of State)  3/25, 2014.
the date this	date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)  3/25, 20/4.  Signification of a member or authorized representative of a member
the date this	document is filed by the Florida Department of State)  3/25, 2014.

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Filing Fee: \$25.00

SECRETARY OF STATE

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