## L12000002273

(Requ	estor's Name)	
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(City/s	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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<del></del>		· <u></u>
(Docu	ment Number)	
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Special Instructions to Fil	ing Officer:	
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TALLAHASSEE, FLORIDA

## COVER LETTER

TO:		ation Secti of Corpo			ļ	•
CHID H		COR FINE	IMPORTS LLC			
SUBJE	sc1:		Name of Limi	ted Liability Com	pany	
The en	closed Art	icles of An	nendment and fee(s) are subr	mitted for filing.		
Please	return all o	correspond	ence concerning this matter t	to the following	;	
			DIONNE MASCARENHA	\S		
				Name of P	erson	
			DECOR FINE IMPORTS I	LLC		
				Firm/Com	pany	
			4040 WAREHOUSE RD.	UNIT A		
				Addres	s	
			FORT MYERS, FL 33916			
				City/State and	Zip Code	
			natalie.decorfineimp@gmail		re annual report noti	fination)
For fur	ther inform	nation con	cerning this matter, please ca		ne annuar report non	neation)
Natalio	e Capone			239 at (	592-4517	
		Name of Po	erson	Area C	Code Daytim	e Telephone Number
Enclos	ed is a che	ck for the	following amount:			
<b>■</b> \$2.	5.00 Filing	ı Fec	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fil Certified (additional		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
		Registration of P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314		STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DECOR FINE IMPORTS LLC				
( <u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now apr	pears on our records.)		
The Articles of Organization for this Limited Liability Company we Florida document number L12000002273			and assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	y company	here:		
The new name must be distinguishable and contain the words "Limited Liability	Company," th	ne designation "LLC" or the	e abbreviation "L.L.C	<del></del>
Enter new principal offices address, if applicable:			₩ ₩	SEC
(Principal office address MUST BE A STREET ADDRESS)				<u> </u>
_				FILED TARY OF ASSEE, I
Enter new mailing address, if applicable:			<del></del>	- <del>''' '''</del>
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	ATE ADISA
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address	on our records, <u>ent</u>	er the name of	the new
Name of New Registered Agent:				<del></del>
New Registered Office Address:				
	Enter i	Florida street address		<del></del>
		, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	Chy		Zip Code	
I hereby accept the appointment as registered agent and agree a provisions of all statutes relative to the proper and complete per				

If Changing Registered Agent, Signature of New Registered Agent

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.

<u>or removed</u>	g Authorized Person(s) authorized to m I from our records:	anage, <u>enter the title, name, and a</u>	address of each person being added
MGR = Manager AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mark Haytom	730 Bay Tree Court Naples, FL	3∠ 
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
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It ame	ending any other information, enter change(s) here: (Attach additional sheets, if i	necessary.)
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		7: <b>03</b>
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Effect	tive date, if other than the date of filing:	optional)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, nent's effective date on the Department of State's records.	this date will not be listed as t
	cord specifies a delayed effective date, but not an effective time, at 12:0 e 90th day after the record is filed.	1 a.m. on the earlier of:
Dated	3/2/18	
	Wotaline of	
	Signature of a member or authorized the resonance of a member	
	Typed or printed name of signee	<u></u>

Page 3 of 3

Filing Fee: \$25.00