

L130000064380

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TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

JUL 30 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Decko Homes LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kimberly O'Connell
Name of Person
Decko Homes LLC
Firm/Company
448 NW Dover Ct
Address
Port St Lucie, FL 34983
City/State and Zip Code
KimOC007@verizon.net
E-mail address: (to be used for future annual report notification)

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DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FL 32301

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For further information concerning this matter, please call:

Kimberly O'Connell at (508) 259 2472
Name of Person Area Code & Daytime 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 (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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Decko Homes 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 May 2 2013 and assigned Florida document number L13000064380

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 end with 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)

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STATE OF FLORIDA

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

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

MGR = Manager
MGRM = Managing Member

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated July 21, 2013.


Signature of a member or authorized representative of a member
Kimberly O'Connell
Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE FLORIDA