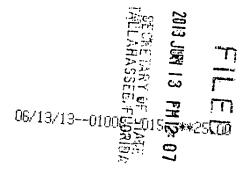


| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| JUN 1 4 2013 |
| A. LUNT |
| |

Office Use Only





COVER LETTER

| TO: Registration Sec Division of Corp | | | | | | |
|--|---|--|---|----------------|-------------|---------|
| SUBJECT: DECA | AL CAPITAL L | LC | | | | |
| SUBJECT. | | ed Liability Company | | | | |
| - | | | | | | |
| The enclosed Articles of A | amendment and fee(s) are sub- | mitted for filing. | | | | |
| Please return all correspon | dence concerning this matter | to the following: | | | | |
| | NOELIA E DI | ECOUD | | | | |
| | | Name of Person | | | | |
| | DECAL CAP | PITAL LLC | | | | |
| | | Firm/Company | | : r | 2 | |
| | 3971 NW 9 T | TH AV #6 | | | 2013 JUN 13 | um graș |
| | | Address | | (i) § | 2 | |
| | POMPANO E | BEACH, FL 33064 | <u>ئ</u> در در | 1 | | |
| | | City/State and Zip Code | | | 主 で | |
| | kenderealty@gma | All.COM o be used for future annual report notification | <u></u> | | FG 중 FT | |
| For further information co | oncerning this matter, please ca | · | ,,,, r., | | | |
| Noelia E De | coud | at (954 529-5081 | 1 | | | |
| Name of | Person | Area Code & Daytime Te | lephone Number | | | |
| Enclosed is a check for th | e 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 Certificate o Certified Co (additional c | f Statu ppy | | sed) |

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

| DECAL CAPITAL LLC | | |
|---|---------------------------------------|------------------------------|
| (Name of the Limited Liability Company (A Florida Limited Lia | as it now appears on our records | .) |
| (A Florida Limited Lia | iointy Company) | |
| The Articles of Organization for this Limited Liability Company w | vere filed on | and assigned |
| Florida document number L13000082874 | | 海州 |
| This amendment is submitted to amend the following: | | TILL AHASSEE |
| A. If amending name, enter the new name of the limited liabil | ity company here: | |
| | | SE SE |
| The new name must be distinguishable and end with the words "Limite" L.L.C." | d Liability Company," the designation | on "LLC" or the abbreviation |
| 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 offi registered agent and/or the new registered office address here | | nter the name of the new |
| | | |
| Name of New Registered Agent: | | <u> </u> |
| New Projection of Office Address. | | |
| New Registered Office Address: | Enter Florida stree | et address |
| | | |
| | Floris | ١, |

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.

City

Zip Code

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Title Address Name** Type of Action CALCINA, JORGE A 3971 NW 9 TH AV #6 MGR · POMPANO BEACH, FL 33064 Remove 3971 NW 9 TH AV #6 DECOUD, NOELIA E **MGRM** POMPANO BEACH, FL 33064 3971 NW 9 TH AV #6 DECOUD, NOELIA E MGR POMPANO BEACH, FL 33064 Remove 3971 NW 9 TH AV #6 CALCINA, JORGE A **MGRM** POMPANO BEACH, FL 33064 Remove Remove Add Remove

| f amend | ling any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|---------|---|
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| _ | |
| | |
| 1 | 10 ne 11 |
| - | la la laca I |
| | Signature of afficiently or authorized representative of a member |
| | NOELIA E DECOUD#/ |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00