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VLLAHASSEE EI ODINA SEGRETARY OF SEATE

APR 1 0 2013

T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corpor	
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of Am	endment and fee(s) are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
	Della Barren Person
	Deco Cicconto LC
	8510 Nw 72 St
·	Micni FL 33166
-	City/State and Zip Code Scale Combile. Com E-mail address (to be used for future annual report notification)
For further information conc	eerning this matter, please call:
Well classes	at (305) SBB 0216 Area Code Daytime Telephone Number
Enclosed is a check for the f	following amount:
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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 Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Deco ac	cents LLC
' (<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on Deco occurred and assigned
	3000106154
This amendment is submitted to amend the following:	
_	lita compositiones
A. If amending name, enter the new name of the limited liab	mty company nere:
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "L.L.C" or the abbreviation "L.LC."
Enter new principal offices address, if applicable:	3631 Nr 70 On
(Principal office address MUST BE A STREET ADDRESS)	Pliani FL 33122
	01
Enter new mailing address, if applicable:	maria & decoaccontolle. com
(Mailing address MAY BE A POST OFFICE BOX)	Goden & acceptable. Or
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
registered agent and/or the new registered office address new	·
Name of New Registered Agent:	
New Registered Office Address:	
	Emer Florida street address
	, Florida
New Designation of Assert Street Assert St. 18 14 14 14	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agroup provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as publications of my position as registered agent as publiced to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
	7. 2
H Char	ging Registered Agent, Signature of New Registered Agent
Page 1	of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager authorized Member		
Title	<u>Name</u>	Address	Type of Action
<u> 146814</u>	Elbc Horc	18152 Su 355t	Add Remove
		 	
			ZHILAPRE-9 I
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			□ Add
			□ Remove
			Add
			□ Remove

D. If amending any o	other informa						
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		7251	ne cgga	622 70) /he	- const	/c ~~~~
E. Effective date, if of (The effective date must the date this document)	t be specific, cann		eceipt or filed date and		(optio		
(The effective date mus	t be specific, cann	ot be prior to date of re	eccipt or filed date and tate)		(optio than 90 days at		2 , 2

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Filing Fee: \$25.00

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