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TO:

Registration Section
Division of Corporations

SUBJECT

DECO TEES 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:

RUBEN E. MORENO

Name of Person

DECO TEES LLC.

Firm/Company

10380 SW 139 STREET

Address

MIAMI, FLORIDA 33176

City/State and Zip Code

RUBEN@DECO-TEES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RUBEN E. MORENO

ູ,786、512-8797

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

DECO TEES LLC.			
(Name of the Limit	d Liability Compa A Florida Limited I	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Li Florida document number <u>L13000161413</u> This amendment is submitted to amend the following the submitted to amend the submitted the submitted the submitted to amend the submitted the submi	 -	were filed on 11/18/2013	and assigned
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and end with the	words "Limited Liab	oility Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		10380 SW 139 STREET	
(Principal office address MUST BE A STREET ADDRESS)		MIAMI, FLORIDA 33176	CE 2
		to design and the second control of the seco	
Enter new mailing address, if applicable:		10380 SW 139 STREET	100 mg (1
(Mailing address MAY BE A POST OFFICE BOX)		MIAMI, FLORIDA 33176	
			<u> </u>
B. If amending the registered agent and/or the new registered of Name of New Registered Agent:		<u>. </u>	er the name of the new
	10380 SW 139 STREET		
New Registered Office Address:	Enter Florida street address		
	MIAMI	, Florida	33176
		City	Zip Code
New Registered Agent's Signature, if changing R	legistered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the accompany has been notified in writing of this company has been notified in writing the company has been notified in writ	er and complete stered agent as p registered office change.	performance of my duties, and I are provided for in Chapter 605, F.S. C	n familiar with and Or, if this document is limited liability

Page 1 of 3

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:

MGR = Manager

AMBR = Authorized Member Title **Address Type of Action** Name 13200 NW 43 AVE **MGR JULIO GUTIERREZ** □ Add **UNIT B** ■ Remove OPA LOCKA, FL 33054 □ Add ☐ Remove ≟ _□ Add` ⊇ Remove □ Remove □ Add □ Remove □ Add ☐ Remove

If amending any other information, enter change(s) here: (Attach additional)	tional sheets, if necessary.)
•	
<u></u>	
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State)	(optional) of be more than 90 days after
Dated JULY 31	
LUIUMALUN	
Signature of a member or authorized representati	ve of a member
RUBEN E. MORENO	
Typed or printed name of signee	

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Filing Fee: \$25.00