# L140606 29247

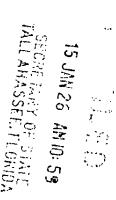
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only, Carto, 2, ph. Hone n)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900268121089

01/25/15--01002--020 \*\*25.08



g andvers FEB 0.4 7015

### **COVER LETTER**

	Registration Sec Division of Corp						
end iez	Lovely D	Lovely Decals World LLC					
SUBJEC	-1:	Name of Limi	ted Liability Company				
The encl	osed Articles of	Amendment and fee(s) are subr	nitted for filing.				
Please re	turn all correspon	ndence concerning this matter t	to the following:				
		Daniel D Rosas					
Name of Person							
Lovely Decals World LLC							
			Firm/Company				
		4655 Cason Cover D	Or , Apt 2823				
			Address				
		Orlando, FL 32811					
			City/State and Zip Code				
lovelydecals@gmail.com							
		·	to be used for future annual report notific	ation)			
For furth	er information co	oncerning this matter, please ca	all:				
Danie	I D Rosas		786 3291401				
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclosed	is a check for th	ne 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

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000029243</u>	were filed on February 20, 2014 and assigned		
This amendment is submitted to amend the following:			
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	ility Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	4655 Cason Cover Dr, Apt 2823		
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32811		
(Mailing address MAY BE A POST OFFICE BOX)  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 her	<u></u> ,		
Name of New Registered Agent:	A 0: 3		
New Registered Office Address:			
	Enter Florida street address		
<del></del>	City Florida Za Code		
New Registered Agent's Signature, if changing Registered Agent:	. 결 <u>한</u> 어		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete			

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.

# Authorized Member being added or removed from our records:

MGR = 'Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Alexander A Gonzalez	4655 Cason Cover Dr, Apt 2823	
		Orlando, FL 32811	Remove
			□ Remove
			\[ \sum \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
			□ Add
			TRemove  AND JAN 200
			A Add
			□ Add

. If amending any other information,	enter change(s) here: (Attach additional sheets, if necessal	<i>ry.)</i>
Effective date, if other than the date (The effective date must be specific, cannot be p the date this document is filed by the Florida D	of filing: (optional prior to date of receipt or filed date and cannot be more than 90 days after Department of State)	)
Dated January 15,	2015	
Jamil James (		
	ture of a member or authorized representative of a member	
Daniel D Rosas		
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

SECRETARY DE STATE