14000072246

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B. BOSTICK
MAY 2 2 2014

EXAMINER

COVER LETTER

Division of Corporation	as ·	
SUBJECT: MY Dr	apery Design LLC	
	Name of Limited Liability Company	
The enclosed Articles of Amenda	nent and fee(s) are submitted for filing.	
Please return all correspondence of	concerning this matter to the following:	
	-	
	Yesenia Mendez	
	Name of Person	
	MY Drapery Design LLC	
	' Firm/Company	
	10320 NW 2nd ct.	
	Address	ra ra
1	Miami Fl. 33150 City/State and Zip Code	, , ,
	\sim .	
	Drapery 777 W Yahoo · com E-hail address: (to be used for future annual report notification)	in the first
	E-mail address: (to be used for future annual report notification)	
For further information concerning	g this matter, please call:	:
Yesenia Men	de 2 at (305) 799 - 6756 Area Code Daytime Telephone Number	<u> </u>
Name of Person	Area Code Daytime Telephone Number	
Enclosed is a check for the follow	ring amount:	
	(additional copy is enclosed) Certified	e of Status &

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

Properes			
My Drapery Design	LLC.	···	
(A Florida Limited Lim	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company v	vere filed on May 4, 20	14 and assigned	
Florida document number <u>L1400072246</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
My Drapery Design LI The new name must be distinguishable and end with the words "Limited Liabil	ity Company," the designation "LLC" or the	e abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:		d court	·····
(Principal office address MUST BE A STREET ADDRESS)	Miami Fl. 331	<u>50</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		and count.	<u>. </u>
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here: Name of New Registered Agent:		r the name of the	new
New Registered Office Address:		ر بر آن بست از در ا	. 35 - 35
new registered Office reduces.	Enter Florida street address		7
	, Florida		٦
	City	Zip Code	_
No. D. Land Annal Claration of the D. Land Annal Annal			

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 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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member **Type of Action** Title **Address** Name 10320 NW 2 nd ct. <u>Vesenia Mendez</u> MGR Miami Fl. 33150 Remove MGR Miguel Mendez 10320 NW and ct. 0 Add Miami Fl. 33150 □ Add ☐ Remove D:Add □ Remove D DA'dd ☐ Remove □ Add

Please remove Miguel Mendez MGR from My Drapery Design LLC. E. Effective date, if other than the date of filing:	, ii ain	ending any othe	r information, e	nter change(s) her	e: (Attach additiona	l sheets, if necessary.)
C. 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 be more than 90 days after the date this document is filed by the Florida Department of State) Dated May 12, 2014 Signature of a member or authorized representative of a member	•	Pléase	remove	2 Miquel	Mendez	MGR
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated May 12, 2014 Signature of a member or authorized representative of a member		from	MY D	rapery De	sign LLC	•
The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated				<u>.</u>	<u> </u>	
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated May 12, 2014. Signature of a member or authorized representative of a member						
Dated May 12, 2014. Dated May 12, Signature of a member or authorized representative of a member	. Effect	tive date, if other	r than the date (of filing:		(optional)
Hesenic Manda Signature of a member or authorized representative of a member	(The eff	fective date must be s	pecific, cannot be pr	ior to date of receipt or f	iled date and cannot be m	ore than 90 days after
	Dated	May 1	2,	, 2014		
		•	Vesenia	Manda		
185enia i jenoez			y		rized representative of	a member
Typed or printed name of signee		V.O.A. A	ZENICA I JE	En O E Z		
		<u> </u>		Typed or print	ed name of signee	
		<u> </u>		Typed or print	ed name of signee	

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