L14000074265

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SELECTIONS

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JAN 3 C 2015

T. HAMPTON

COVER LETTER

Division of Corp	orations		
MANKNO SUBJECT:	WSWHY LLC		
	Name of Limited Liab	ility Company	ч
The enclosed Articles of A	mendment and fee(s) are submitted for	or filing.	
Please return all correspond	dence concerning this matter to the fo	ollowing:	
	YULIIA MIKUTA		
		ame of Person	
		anie of 1 croop	
	MANKNOWSWHY LLC		
	F	irm/Company	
	309 SPRUCE ST		
		Address	
	BOYNTON BEACH FL 334	426	
	City/S	tate and Zip Code	
	JULIA@DECORVIBES.CO		
	E-mail address: (to be used	d for future annual report notificat	ion)
For further information con	ncerning this matter, please call:		
JULIA MIKUTA	а	561 735-1272	
Name of P	erson	Area Code Daytime Te	lephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	Certificate of Status C	5.00 Filing Fee & Certified Copy additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

芸の 京

MANKNOWSWHY LLC		ERE & TI
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)	20
The Articles of Organization for this Limited Liability Florida document number <u>L14000074265</u> This amendment is submitted to amend the following	ty Company were filed on 05/16/2014	PHEN PHEN PHEN PHEN PHEN PHEN PHEN PHEN
A. If amending name, enter the new name of the	limited liability company here:	
DECORVIBES LLC		
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, <u>en</u> address here:	ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code

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, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	PAVEL MIKUTA	309 SPRUCE ST, BOYNTON BEACH	■ Add
		FLORIDA, 33426	□ Remove
			□ Remove
		وُ سم ا	Ramove 55
		्र १९ १९	ARY Adop M
			Remove
			_□ Add
			_□ Remove
			-
			_□ Add
			_□ Remove

ctive date, if other than the date of filing: effective date must be specific, cannot be prior to date of receipt or filed date and cannot be the document is filed by the Florida Department of State)	(optional) be more than 90 days after
JANUARY 13 , 2015	
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Filing Fee: \$25.00

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