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| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only

JUL 2 9 2014 **T. HAMPTON**

COVER LETTER

| TO: Registration S Division of Co | | | |
|-----------------------------------|--|---|--|
| SUBJECT: DEC | K-ER LLC | | |
| Sobsect. | Name of Lin | ited Liability Company | |
| The enclosed Articles of | `Amendment and fee(s) are sub | emitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Victoria Sha | hbaz | |
| | | Name of Person | |
| | | Firm/Company | · · · · · · · · · · · · · · · · · · · |
| | 6146 Paradi | se Pointe Dr | |
| | | Address | |
| | Palmetto Ba | y, FL 33157 | |
| | | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual report notif | ication) |
| For further information of | concerning this matter, please ca | all: | |
| Name c | of Person | at () Area Code Daytime | Telephone Number |
| Enclosed is a check for the | he 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

| Deck-er lic | | | AS 7 |
|--|--|---|-----------------------|
| (Name of the Limited | Liability Company as it now appear Florida Limited Liability Company) | s on our records.) | TC _ "\" |
| 1, | Tiorida Billined Blacking Company) | | |
| The Articles of Organization for this Limited Liab | ility Company were filed on | June 23, 2014 | L 29 gned |
| Florida document numberL1400010064 | 4· | | m9 3 |
| This amendment is submitted to amend the follow | ing: | | M 8: 10 FLORIDA |
| A. If amending name, enter the new name of the | e limited liability company he | <u>re</u> : | De O |
| Decker.com | LLC | | |
| The new name must be distinguishable and end with the wo | ds "Limited Liability Company," the | designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicab | e: | | |
| (Principal office address MUST BE A STREET. | ADDRESS) | | |
| 12 - Median office and ess Modif DE A DIRIZET | 100000 | <u></u> ., | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | <u></u> |
| (Mailing address MAY BE A POST OFFICE BO | (X) | | |
| | | | |
| | - | | |
| B. If amending the registered agent and/or | registered office address on | our records enter | the name of the new |
| registered agent and/or the new registered offic | | our records, <u>enter</u> | the name of the new |
| | | | |
| Name of New Registered Agent: | | | |
| Name of New Registered Agent. | | | - |
| New Registered Office Address: | | | |
| | Enter Flor | ida street address | |
| | | , Florida | |
| • | City | , | Zin 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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

| MGR = Ma $AMBR = Au$ | nager thorized Member | | |
|----------------------|--------------------------|-------------|----------------------------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | | | □ Add |
| | | | □ Remove |
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| | | | □ Remove |

| amending any | other information, enter | change(s) here: (Attach | additional sheets, if necessary.) |
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| *** *** *** ************************** | | | |
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| 00 | | - | (antional) |
| | other than the date of fill ust be specific, cannot be prior to ent is filed by the Florida Departn | | (optional) d cannot be more than 90 days after |
| Dated | July 28 | , 2014 | 14 |
| | | | |
| | | | |
| | Signature of | a member or authorized repre | sentative of a member |
| <u></u> | • | a member or authorized repre oria Shahbaz Typed or printed name of s | |

Page 3 of 3

Filing Fee: \$25.00

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