L14000112780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

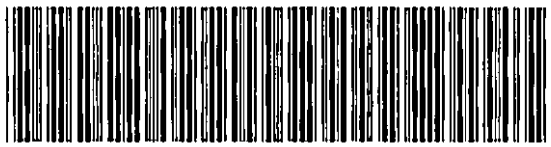
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/11/18--01013--026 **60.00

FILED
2018 DEC 11 P 8:53
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Plastic House Decor L.L.C
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:

MEDAD RADMER
Name of Person

Plastic House Decor L.L.C
Firm/Company

5815 S Olive Ave
Address

West Palm Beach
City/State and Zip Code

info@chicSetter.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

MEDAD RADMER at (561) 777 2139
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

Plastic House Decor L.L.C

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07.17.2014 and assigned Florida document number L14000112780.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain 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 ADDRESS)

3725 S Dixie Highway
West Palm Beach
FL 33405

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

5815 S Olive Ave
West Palm Beach
FL 33405

2014 DEC -5 PM 3:05

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 office address here:

Name of New Registered Agent: MEDAD KADMER

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	MEDAD RADMER	5815 S Olive Ave	☐ Add
		West Palm Beach	☐ Remove
		FL. 33405	☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

I have changed my name

from: Alireza Radmehr

to: MEDAD RADMER

My business name and address are the same as befor.

Included in this letter are Copies of:

1. Petition for name Change
2. Certificate of Naturalization Showing my new name.
3. Temporary driving license

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E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 12-6-2018

Signature of a member or authorized representative of a member

MEDAD RADMER

Typed or printed name of signee

Filing Fee: $25.00

Petition for Name Change

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form N-662

Name of Court: United States District Court
701 Clematis Street
West Palm Beach, FL 33401

Information About You (Petitioner)

As part of the naturalization process, you have the opportunity to legally change your name. Please complete **Item Number lines 1 – 8.** (Type or print clearly.)

1. Full and Correct Name (Current Name)

Given Name (First Name)	Middle Name	Family Name (Last Name)
ALIREZA		RADMEHR

2. Mailing Address

Street Number and Name	City or Tow	State	ZIP Code
5815 S OLIVE AVE	WEST PAL	FL	33405-4155

3. Country of Citizenship or Nationality: Denmark

4. Alien Registration Number (A-Number): A-207110299

6. ☒ I certify that I am not seeking a change of name [illegible] avoidance of debt or evasion of law enforcement.

Keep

7. I petition the court to change my name to:

First Name	Middle Name	Last Name
MEDAD		RADMER

8. Signature and Date

Signature of Petition (Use your current name)	Date (mm/dd/yyyy)
	08/29/2018

Certification of Name Change

I certify that the above petition was granted by the court on this date: SEP 28 2018 (mm/dd/yyyy)

Signature of Clerk: Steven M. Larimore

Signature of Deputy Clerk:

Important Information

Your copy of this petition, along with your Certificate of Naturalization, which you will receive upon taking the oath of allegiance, will verify that you elected to change your name. Your Certificate of Naturalization bears your new name as changed per order of the court.

UNITED STATES OF AMERICA

No. 40122219

CERTIFICATE OF NATURALIZATION

Personal description of holder as of date of naturalization:

Date of birth: JANUARY 17, 1965

Sex: MALE

Height: 5 feet 09 inches

Marital status: MARRIED

Country of former nationality: DENMARK

USCIS Registration No. A207 110 299

I certify that the description given is true, and that the photograph affixed hereto is a likeness of me.

(Complete and true signature of holder)

Be it known that, pursuant to an application filed with the Secretary of Homeland Security

at: ROYAL PALM BEACH, FLORIDA

The Secretary having found that:

MEDAD RADMER

residing at:

WEST PALM BEACH, FLORIDA

having complied in all respects with all of the applicable provisions of the naturalization laws of the United States, being entitled to be admitted as a citizen of the United States, and having taken the oath of allegiance at a ceremony conducted by

U.S. DISTRICT COURT OF WEST PALM BEACH

at: WEST PALM BEACH, FLORIDA *on:* SEPTEMBER 28, 2018

such person is admitted as a citizen of the United States of America.

2. FNC

U.S. Citizenship and Immigration Services

DEPARTMENT OF HOMELAND SECURITY

Florida Department of Highway Safety & Motor Vehicles
Division of Motorist Services

TEMPORARY DRIVING PERMIT

DL #: R356540650170 License Type: E

Name: MEDAD , , RADMER

DOB: 01/17/1965 Sex: M

Mailing Addr: 5815 S OLIVE AVE

City: WEST PALM BEACH FL 33405 - 0000

Residential Addr: 5815 S OLIVE AVE

City: WEST PALM BEACH FL 33405 -

Height: 5-9

Issued: 12/04/2018 Expires: 02/02/2019 Period: 60

Motorcycle:

Restrictions:

Endorsements:

Remarks:

BY THE AUTHORITY OF:

ROBERT R. KYNOCH, DIRECTOR
DIVISION OF MOTORIST SERVICES

ISSUED BY:

/4136
DRIVER LICENSE OFFICE P75
3188 PGA Blvd
Palm Beach Gardens, FL 33410-

(Driver's Signature)

PHOTOCOPIES ARE NOT VALID. MUST HAVE ORIGINAL SIGNATURES
NOT FOR IDENTIFICATION PURPOSES

http://www.flhsmv.gov