

Division of Corporations

L15000027661
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PEREZ ARCHE AN ACCOUNTING & TAX SERVICES INC
Account Number : I20070000033
Phone : (305)649-7040
Fax Number : (305)643-3237

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Araica Isabel@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

DEKOREA LATIN AMERICA, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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INFORMATION SERVICES

15 FEB 24 AM 10:00

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L15000027661

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DEKORLA LATIN AMERICA, LLC
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:

ANA Isabel ARAICA

Name of Person

PEREZ Arche AN Accounting Inc.

Firm/Company

4011 W. Flagler St, #501

Address

CORAL GABLES, FL 33134

City/State and Zip Code

araicaisabel@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANA Isabel Araica

Name of Person

at 305

Area Code

649-7040

Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 FEB 24 PM 1:56

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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

L15000027661

DEKOREA LATIN AMERICA, LLC

(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 02/13/15 and assigned
Florida document number L15000027661

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 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 ADDRESS)

7909 NW 56 ST
DORAL, FL 33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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

L15000027661

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MMGR	ORLANDO HERNANDEZ	7909 NW 56 ST DORAL, FL 33166	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	JOSE LUIS CANO	2742 SW 85T #10 MIAMI, FL 33135	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	DEKOREA BARQUISIMETO C.A.	7909 NW 56 ST DORAL, FL 33166	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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DALLAS COUNTY, TEXAS

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

E. Effective date, if other than the date of filing: 02/24/15 (optional)
(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 February 24th 2015

Ana Isabel Araica
Signature of a member or authorized representative of a member
Ana Isabel Araica
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE FLORIDA