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## **COVER LETTER**

TO:	Registration Se Division of Cor							
		icts of North Florida LLC						
Name of Limited Liability Company								
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.					
Please re	eturn all correspo	indence concerning this matter	to the following:					
		Mark R. Stewart						
		<del></del> /-	Name of Person					
		Deco Products of North Fl	orida LLC					
			Firm/Company					
		2163 Pebble Beach Way						
			Address					
		Fernandina Beach, FL 320	)34					
			City/State and Zip Code					
		marks@decoproducts.com	to be used for future annual report notif	loution)				
For furtl	her information c	oncerning this matter, please co		ication				
Mark R	. Stewart		904 430-7578					
	Name o	f Person	at () Area Code Daytime	Telephone Number				
Enclose	d is a check for th	ne 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



Deco Products of North Florida 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  $\frac{4/9/2015}{1}$ Florida document number 1.15000062171 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Debra Stewart	2163 Pebble Beach Way	
		Fernandina Beach, FL 32034	_ ■ Remove
			☐ Change
AMBR	Zachary Stewart	2163 Pebble Beach Way	Add
		Fernandina Beach, FL 32034	■ Remove
			☐ Change
			Remove  TALLAHASSE
			SSEE OF REMOVE
<del></del>			Add
			Remove
			☐ Change
			Add
			□ Remove
			☐ Change

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. Effective date, if other the (If an effective date is listed, the c Note: If the date inserted in document's effective date or	late must be specific this block does r	e and cannot be p not meet the app	rior to date of filing plicable statutory	g or more than 90 da	(optional) ws after filing.) Pur uts, this date will	suant to 605,0207 (3)(b) not be listed as the
the record specifies a decorement.  The 90th day after the secorement.			not an effect	ive time, at 12	?:01 a.m. on	the earlier of:
Dated June 23		2017				
nA	1 6-					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00