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COVER LETTER

TO:	Registrati Division o				
SUB 154		AL HON	ME DECOR CENTER LLC) .	
SUBJE	CI:		Name of Lin	nited Liability Company	
The encl	losed Artic	les of Ar	mendment and fee(s) are sub	omitted for filing.	
Please re	etum all cor	rrespond	lence concerning this matter	to the following:	
			ANNE MARIE PASCUA	L	
				Name of Person	
				Firm/Company	
			751 DAVIS ROAD		
				Address	***************************************
			CORAL GABLES, FL 33	3143	
			donaga811@aol.com	City/State and Zip Code	
		•	E-mail address: (to be used for future annual report nouf	ication)
For furth	ier informa	ition con	cerning this matter, please ca	all:	
ANNE M	MARIE PA	SCUAL		305 986-9132 at ()	
	N	lame of P	crson		Telephone Number
Enclosed	d is a check	for the f	following amount:		
□ \$25,	00 Filing F	ee .	□ \$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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DORAL HOME DECOR CENTE	ER LLC.	
(Name of the Limi	ted Liability Company as it now app (A Florida Limited Liability Compar	ocars on our records.) y)
The Articles of Organization for this Limited L Florida document number L16000082943	iability Company were filed on	4/27/2016 and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	f the limited liability company	here:
The new name must be distinguishable and contain the	words "Limited Liability Company," t	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	JUE SIONE
		- GRANE
Enter new mailing address, if applicable:		2
(Mailing address MAY BE A POST OFFICE	BOX)	ATIONS
B. If amending the registered agent and registered agent and/or the new registered o	•••	on our records, enter the name of the new
Name of New Registered Agent:	ANNE MARIE PASCUAL	
New Registered Office Address:	751 DAVIS ROAD	
	Enter CORAL GABLES	Florida street address
	CORAL GABLES	. Florida ³³¹⁴³

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.

Cin

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ANNE MARIE PASCUAL	751 DAVIS ROAD	⊞ Add
		CORAL GABLES. FL 33143	□ Remove
			Change
MGR	DOMENICA SNYDER	12920 SW 111TH AVENUE	■ Add
		MIAMI. FL 33176	□ Remove
			Change
MGR	STEPHEN MUSOLINO	11456 NW 48TH STREET	□ Add
		DORAL, FL 33178	П.В.
			■ Change
•			□ Add
			☐ Change
		41-1	□ Remove
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ffective date, if other than an effective date is listed, the date	the date of filing: _ must be specific and can	not be prior to date of	filing or more than 9	(optional) [.] I days after filing) Pe	rsuant to 605	5 020
ocument's effective date on the	s block does not meet	the applicable statu	ntory filing requires	nents, this date wil	l not be liste	ied a
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e record specifies a delay The 90th day after the r	/ed effective date ecord is filed.	e, but not an eff	ective time, at	12:01 a.m. on	the earlie	er (
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00