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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: House Decor and Furnishings 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:
Patricia House Name of Person
House Decor + Furnishings LLC
787 Shotgun Rd.
Sunvise F1 33326 City/State and Zip Code
Paty house de cor a omail. Com E-mail address: (to be used for future annual report notification).
For further information concerning this matter, please call:
Patricia House at 954 701-1114 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{\$30.00 Filing Fee & Certificate of Status} \text{\$\text{\$\subset}\$\$\$ \$55.00 Filing Fee & Certificate of Status & 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 **ARTICLES OF ORGANIZATION**

(<u>Name of the Limited Li</u> (A F	ability Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liabili	ity Company were filed on $\frac{0/10/2016}{12968}$ and assigned
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the	limited liability company here:
House and Gifts 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 AL	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	
	8:
	Control of the second of the s
registered agent and/or the new registered office a	egistered office address on our records, <u>enter the name of the new</u> 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 Regist	tered 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 = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			🛭 Add
			Remove
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			Remove
			B Remove
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			Change
			Add

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Filing Fee: \$25.00