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FILL A THE SECRETARY OF STATE

D. BRUCE JUL 06 2017

COVER LETTER

	tion Section of Corporations	
LA SUBJECT:	Decor Drapery LLC	
SUBJECT:	Name of Limited Liability Company	
		•
The enclosed Art	cles of Amendment and fee(s) are submitted for filing.	
Please return all	orrespondence concerning this matter to the following:	
	Lynda Arostegui	
	Name of Person	
•	La Decor Drapery LLC	
	Firm/Company	
	12239 SW 129 Court	
	Address	
	Miami, FL 33186	
	City/State and Zip Code	
	lynda@ladecorhome.com	
	E-mail address: (to be used for future annual report notification)	2817 SE(
For further inform	ation concerning this matter, please call:	
Lynda	305 253-4806 at () :	JUL -
	Name of Person Area Code Daytime Telephone Number	me m
	·	
Enclosed is a che	k for the following amount:	TATE TATE
■ \$25.00 Filing	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C	ng Fee. of Status &

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

LA Decor Drapery LLC	•	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our re Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L17000114121		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
N/A	•	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Same address	
(Principal office address MUST BE A STREET ADDRESS)		ALL SECOND
Enter new mailing address, if applicable:	same address	TARY ASSEE
(Mailing address MAY BE A POST OFFICE BOX)		
		A
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ords, enter the name of the nev
	et.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		, 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Lynda G Arostegui	12239 SW 129 Court Miami, FL 33	.• ■ Add
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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or more than	(optional)
the checkive date is insected in this block does not meet the applicable statutory filing requiried in the country filing requiried ment's effective date on the Department of State's records.	rements, this date will not be listed a
coment's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, a	at 12:01 a.m. on the earlier o
The 90th day after the record is filed.	
nted June 27 , 2017.	
led JUNE AT	
LIMIN D. CINCOLYPUL	٧)
Signature of a member or authorized representative of a men	mu cr
1 1 C Amelia	

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Filing Fee: \$25.00