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## COVER LETTER

**Division of Corporations DECOR ARTESANAL LLC** SUBJECT: 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: PRISCILLA THOMASEVICH, CPA Name of Person SAWGRASS ACCOUNTING & TAX Firm/Company 1401 SAWGRASS CORPORATE PARKWAY, STE 163 Address SUNRISE, FL 33323 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PRISCILLA THOMASEVICH, CPA Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$55.00 Filing Fee & ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

**MAILING ADDRESS:** 

TO:

Registration Section

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

DECOR ARTESANAL LLC	
( <u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability	y Company were filed on 05/30/2017 and assigned
Florida document number L17000117418	
This amendment is submitted to amend the following:	;
A. If amending name, enter the new name of the li	imited liability company here:
The new name must be distinguishable and contain the words "L	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 ADI	DRESS)
•	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	F6 7
	HA AU
B. If amending the registered agent and/or re	gistered office address on our records, enter the name of the ne
registered agent and/or the new registered office ac	ddress here:
Name of New Registered Agent:	
	DA O
New Registered Office Address:	Enter Florida street address
	, Florida

## 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:

0

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ANNE QUIROGA	12631 NW 32 PL	Add
		SUNRISE, FL 33323	■ Remove
			Change
MGR	ANNEUSSE TORREGIANCA SEPULVEDA	12631 NW 32 PL	■ Add
		SUNRISE, FL 33323	Remove
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Effective date, if other than a (If an effective date is listed, the date Note: If the date inserted in this document's effective date on the	must be specific s block does no	and cannot be pri	icable statutory	or more than 90 de filing requireme	_ (optional) ays after filing.) nts, this date w	Pursuant to vill not be	605.0207 (3 listed as th
the record specifies a dela ) The 90th day after the i			ot an effecti	ve time, at 12	2:01 a.m. o	n the ea	rlier of:
Dated JUNE 1		2017					
		_, \/	a.				
				tative of a member			_

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Typed or printed name of signee

Filing Fee: \$25.00