## 117000144319

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

Division of Corp	porations			
SUBJECT:		or Plus IX	<u>C</u>	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspor	ndence concerning this matter	to the following:		
	Yele	na Savche Name of Person	enko	
	All De	Name of Person  COT Plus LA  Firm Company	6C	
	4929	San Palermo	Dr	
	Bradente	City State and Vin Costs	108 - 2369	
	all de cor plu	City/State and Zip Code  City/State and Zip Code  (15 //c @ 9 ma)  to be used for future contail report note	Lcom	T Str.
For further information co	neerning this matter, please co			(A) (B)
		at ( <u>941)</u> <u>565</u> Area Code Daytim	-3332	
Name of	Person	Area Code Daytim	æ Telephone Number	် (၁) (၁) (၁) (၁)
Enclosed is a check for the	e following amount:			
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Fitting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is er	atus &

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

HII Decor M	<del></del>
(Name of the Limited Liability Compar 1A Florida Limited L	w as it <u>now appears on our records.)</u> ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number 4 17 000 144 3/9	were filed onand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	1034 N Lockwood Ridge Rd  Unit C  Sarasota, FL 34237
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1034 N Lockwood Ridge Rd Unit C Sarasota, FL 34237
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent.	sana Savchanko V N Lockwood Ridge Rd, Unit
Sa	Enter Florida street address  Tasofa Florida 342372  City Zip Code.
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po- being filed to merely reflect a change in the registered office of company has been partitled in vertical of this change.	performance of my duties, and I am familiar with and the royided for in Chapter 605, F.S. Or, if this document is suited liability.

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> Name | Address Type of Action Yeleng Savchenko 4929 San Palermo Dr. Add Bradenton, FL 34208 Premove Oksana Savchenko 1034 N Lockwood Ridge & Add Rd, Unit. C Remove Sarasota, FL 34237 O Change □ Remove □ Change ☐ Change □ Add □ Remove □ Change

e, mank	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note:	ive date, if other than the date of filing:	9207 (3)(I d as the
(b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	r of:
Dated	Signature of a member or authorized representative of a member	
	Yelena Saychenko  Typed or printed name of signee	

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Filing Fee: \$25.00