# L17000164258

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
[
Special Instructions to Filing Officer:

Office Use Only



800353333528

10/08/20--01018--001 \*\*25.00

2020 OCT - 8 PM 12: 11

Y 301 KEF NOV 14 2020

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: The Rustic Door Decor & More LC  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:
Linda Dorremocea
The Rustic Door Decor , More Firm/Company
4367 Lynx Paw Trail Address
Halrico, FL 33596  City/State and Zip Code  Hull rustic door tampa (o gmail.com)  E-mail address: (to be used for future annual report notification)
Herus-ticoortampa (a gmailicon)  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Linda Dorremoce at (813) 541-3229  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Solution Status}\$ \$25.00 Filing Fee & \text{Certificate of Status}\$ \$\times \text{Solutional copy is enclosed}\$ \$\times \text{Solutional Filing Fee}\$ & \text{Certificate of Status}\$ \$\times \text{Certificate of Status}\$ & \text{Certificate of Status}\$ & \text{Certificate of Status}\$ & \text{Certificate of Status}\$ \$\text{Certificate of Status}\$ & \text{Certificate of Status}\$ \$\text{Certificate of Status}\$ \$Certificate of S

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE RUSTI	C 2001 x	RCOV E /U	ore LLC	<u> </u>	
(Name of the Limited	Florida Limited Li	y as it now appears on ability Company)	our records.)		
The Articles of Organization for this Limited Liab Florida document number		were filed on	2018	and assign	ied
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of the	he <u>li</u> mited liabil	ity company here:			
The new name must be distinguishable and contain the word	ds "Limited Liabilit	y Company," the design	nation "LLC" or the abl	breviation "L.IC	
Enter new principal offices address, if applicab	ole:	4367 Ly	ink Paw	Trail	
(Principal office address MUST BE A STREET	ADDRESS)	4367 Ly Valrico	FL 33	594	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>9x)</u>	4367 L Valrico,	ynx Paw FL 33	Trai ( 594	
B. If amending the registered agent and/or reg agent and/or the new registered office address	<u>here</u> :			7 -8 10 -8	egistered
Name of New Registered Agent:	Linda	Dorre	mocea		<del>-                                    </del>
New Registered Office Address:	4367	Lynx Pau Enter Floridas	u Trail		<u> </u>
		t.nter Florida s  ( CD  City	•	••	4

### 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>	Address	Type of Action
AMBR	unda Dorremoce	Address 4367 Lynx Paw Trail Re Valrico, FL 33596	Arvaqq
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
	<del></del>		□Add
			□Remove
			Change
			□Add
			□Remove
			Change
<del></del>			□Add
			□Remove
			□ <i>C</i> t

•	
-	
•	
-	
•	
-	
-	
-	
Note:	ive date, if other than the date of filing: July 572 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
record is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	october 5th, 2020.
	October 5th, 2020.  Zuida Soverace a  Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member  Linda Dorremoce  Typed or printed name of signee