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Tq:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX PLACE

Account Number : I20100000011

Phone : (954)369-4444

: (954)369-4446 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

HAUS DECOR & DESIGNALIC

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Certificate of Status	0
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZOIT DEC -5 PHIZ: 59

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

Haus Decor & Design LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
e Articles of Organization for this Limited Liability Company rida document numberL17000227463		and assigned
s amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lial	bility company here:	
new name must be distinguishable and contain the words "Limited Liab ter new principal offices address, if applicable: rincipal office address MUST BE A STREET ADDRESS)	ility Company," the designation "LLC" of	
iter new mailing address, if applicable: <u>Jailing address MAY BE A POST OFFICE BOX</u>)	182	
. If amending the registered agent and/or registered egistered agent and/or the new registered office address h	office address on our records, ere:	enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo.	rida
	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 tible, 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	Manuel Antonio Yepez	6112 Bayhill Ln			
		Longwood, FL 32779	C Remove		
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Meetive date, if other than the date of an effective date is listed, the date must be spectored. If the date inserted in this block doctorument's effective date on the Department.	not meet that of State's	records.	: statetory ffti:		after filing.) l , this date w		
e record specifies a delayed effec The 90th day after the record is	ive date, Ned.	but not a	n effective	time, at 12:	01 a,m. o	n the earli	ier of:
Dated December 5+h	20	17					
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Marya Agullar - HUY	-	Λ.					

Page 3 of 3"

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