

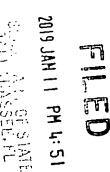
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C. GOLDEN JAN 1 7 2019

COVER LETTER

TO		gistration Sec ision of Corp				
e Ti	o trz w.		nsignments LLC			
וטפ	вјест:		Name of Lim	ited Liability Company		
The	enclosee	I Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Plea	ase returr	all correspo	ndence concerning this matter	to the following:		
			Zane Shiratori			
				Name of Person	. 	
			Orlando Consignments LL			
			4630 S Kirkman Rd Unit 4	Firm/Company 113		
				Address		
			Orlando, FL 32811			
	City/State and Zip Code orlandoconsignments@gmail.com					
			E-mail address: (to be used for future annual report notif	ication)	
For	further is	nformation co	oncerning this matter, please ca	all:		
Zar	ne Shirate	ri		323 797-1556		
		Name of		Area Code Daytime	Telephone Number	
Enc	:losed is	a check for th	e following amount:			
	\$25,001	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)	

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

FILED

2019 JAN 11 PM 4:51

Orlando Consignments LLC		2.75.00
(Name of the Limited Liability Compan (A Florida Limited Lia	y as it now appears on our records.) ability Company)	TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company v	vere filed on 02/20/2018	and assigned
Florida document number L18000046100		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
Decodense LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
	·	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added removed from our records:

IGR = Manager .MBR = Authorized Member

<u>l'itle</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add
			🗆 Remove
			☐ Change
~ ——			
			☐ Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove
			☐ Change

* 3.000	
Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
Dated	01/04/2019 12:01APT
	// -//)
	Signature of a member of athorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00