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D. SCOTT JAN 9 2019

## **COVER LETTER**

HHD FLOI SUBJECT:	ROL & DECOR, LLC			
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Huguette Desir			
		Name of Person		-
	HHD FLOROL & DECOR	R, LLC		
		Firm/Company		
	914 NORTH D STREET		<i>*</i> .	UEC 20
		Address		3
	LAKE WORTH, FLORID	A 33460		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	PSJ2050@MSN.COM	City/State and Zip Code		2011 DEC 20 A 2: 30
	E-mail address: (	to be used for future annual report no	tification)	
For further information c	oncerning this matter, please c	all:		
PIERRE ST JEAN		561 827-3088 at ( )		
Name o	f Person		me Telephone Number	r
Enclosed is a check for the	he following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &
		CTD DET COLUM	MED ADDDECC	

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

HHD FLOROL & DECOR, LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed Florida document number $\frac{L18000200224}{L18000200224}$	d on August 21, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
HHD FLORAL & DECOR, LLC	
The new name must be distinguishable and contain the words "Limited Liability Compar	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	23
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	7. 12
	7
B. If amending the registered agent and/or registered office adding registered agent and/or the new registered office address here:	ress on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	inter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addedor removed from our records:

MGR = Manager AMBR = Authorized Member

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record specifies a delayed effec The 90th day after the record is	ctive date, but not filed.	an effective tim	e, at 12:01 a.m.	on <b>the earl</b> ier
December 3	, 2018	_ ·		
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Filing Fee: \$25.00