

L18000224116

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000339022 3))



H18000339022ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : GLOBAL ONE ACCOUNTING LLC
Account Number : E20180000044
Phone : (407)989-1519
Fax Number : (407)386-8080

2018 NOV 29 AM 9:30
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALL DECOR. USA

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

T. CLINE
NOV 30 2018
EXAMINER

2018 NOV 29 AM 11:08

HL 8000 33 9 0 22 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALL DECOR, USA
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:

DEBORA ATAIDE
Name of Person
GLOBAL ONE ACCOUNTING LLC
Firm/Company
7065 WESTPOINTE BLVD, SUITE 102
Address
ORLANDO, FL 32835
City/State and Zip Code
DEBORA@GLOBALONEACCOUNTING.COM
E-mail address (to be used for future annual report notification)

RECEIVED
2018 NOV 29 AM 9:30
TALLAHASSEE FLORIDA
DEPARTMENT OF STATE

For further information concerning this matter, please call:

DEBORA ATAIDE 407 919-9250
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6127
Tallahassee, FL 32314

STREET/COURTIER ADDRESS:
Registration Section
Division of Corporations
Chilton Building
2661 Executive Center Circle
Tallahassee, FL 32301

HL 8000 33 9 0 22 3

HA 3000339 0223

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL DECOR, USA

(Name of the Limited Liability Company as it now appears on our records) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/20/2018 and assigned Florida document number L18000224116

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ALL DECOR, USA LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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)

2018 NOV 29 AM 9:13:30 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA

FILED

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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

HA 3000339 0223

MI 80003390223

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>	<u>Address</u>	<u>Type of Action</u>
MBR	LUCIANA B GALLO	2695 CALISTOGA AVE	<input type="checkbox"/> Add
		KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	RICARDO JORGE ZAIA	12345 VIA DERNA PL	<input checked="" type="checkbox"/> Add
		WINDERMERE, FL 34786	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2018 NOV 29 AM 9:30
AMBRISTATN
KISSIMMEE, FL 34741

ED

MI 80003390223

MI80003390223

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2018 NOV 29 AM 9:31

FILED

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

If the record 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 record is filed.

Dated November 28 2018

Adriana C. da Silva Zata
Signature of a member or authorized representative of a member

ADRIANA C DA SILVA ZATA

Typed or printed name of signer

MI 8000 3390 223