## L19000026597

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## COVER LETTER

TO:

**Registration Section** 

**Division of Corporations** ORLANDO DECOR LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for fifting. Please return all correspondence concerning this matter to the following: SIMON LIN Name of Person Firm/Company 5718 LAWRENCE ST Address FLUSHING, NY 11355 City/State and Zip Code SLCA20151123@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SIMON LIN Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, □ \$25 00 Filing Fee □ \$30.00 Filing Fee & ■ \$55,00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed). (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORLANDO DECOR LLC

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

(	A Figrida Limited	( Liability Company)		
The Articles of Organization for this Limited Lic	ability Compan	<u>.</u> :		
Florida document numberL19000026597	<u> </u>			
This amendment is submitted to amend the follo	wing			
A. If amending name, enter the new name of	the limited lia	bility company here:		
The new name must be distinguishable and contain the wo	ande "Il invited Luck	sility Company "the decimation "LLC	" or the abbreviation "LLC"	
Enter new principal offices address, if applica (Principal office address MUST BE A STREET)		15025 BLACK SCOTER DR		
		WINTER GARDEN		
	T.ADDRESS)	FL, 34787		
Page and the address of a street lands.		15025 BLACK SCOTER DR		
Enter new mailing address, if applicable:	2010	WINTER GARDEN		
(Mailing address MAY BE A POST OFFICE E	<u>303)</u>	FL, 34787		
Name of New Registered Agent.				
New Registered Office Address				
New Registered Office Address		Enter Florida street addres.	y.	
		. Flo	orida	
		Сиу	Zıp Code	
New Registered Agent's Signature, if changing R	<u>egistered Agen</u>	<u>:</u>		
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the recompany has been notified in writing of this company.	r and complet tered agent as egistered offic	e performance of my duties, an provided for in Chapter 605. i	nd I am familiar with and F.S. Or, if this document is	
	If Ch	anging Registered Agent, Signature o	of New Registered Agent	
	Page	1 of 3		

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person be or removed from our records:			
MGR = MAMBR = A	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			Change
			Add
			Remove
			Change
			□ Add
			Remove
			Change
<del></del>			□ Add
			□ Remove
			Change
			Remove
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			□ Change

D. If am	ending any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)
•		
	····	
(If an e <u>Note</u> :	tive date, if other than the date of filing: flective date is listed, the date must be specific and car If the date inserted in this block does not meant's effective date on the Department of States	inpot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(to the applicable statutory filing requirements, this date will not be listed as the
	ecord specifies a delayed effective date e 90th day after the record is filed.	te, but not an effective time, at 12:01 a.m. on the earlier of:
Dated	APRIL 30th	2019
		mper or authorized representative of a member
	SIYI ZHOU	
	Т	vped or printed name of signee

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Filing Fee: \$25.00