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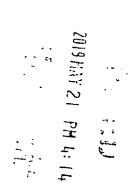
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R. WHITE.

COVER LETTER

TO:	Registration Se Division of Cor			
CHDI	ARTDEC,	LLC	•	
SUBJ	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Neal F. Van Vlymen		
		Executive Consulting an	Name of Person d Counsel	· · · · · · · · · · · · · · · · · · ·
		4975 Del Monte St., Suit	Firm/Company te 107	
		San Diego, CA 92107	Address	
		executivecorporatecouns	City/State and Zip Code el@gmail.com	
		E-mail address: (to be used for future annual report notific	cation)
For fu	rther information co	oncerning this matter, please ca	alt:	
Neal F	. Van Vlymen		619 552-6466	
Enclos	sed is a check for th	e following amount:		
a \$2	5.00 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)

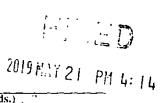
MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 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



ARTDEC, LLC

(A Florid	da Limited Liability Company)	<u></u> } ,		
The Articles of Organization for this Limited Liability	Company were filed on March 20th 2019	and assigned		
Florida document number L19000078677AMBR	.			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	RESS)			
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or regi	stered office address on our records	, enter the name of the		
registered agent and/or the new registered office add				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	Florida City Zip Code			
	·	Zip Code		
New Registered Agent's Signature, if changing Registere	ed Agent:			
I hereby accept the appointment as registered agent	and agree to act in this capacity. I fur	ther agree to comply with		

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 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>	Address	Type of Action
AMBR	GABRIEL NUNEZ	2801 NE 183RD ST, APT 2203 AVENTURA, FL. 33160	□ Add
			■ Remove
			Change
AMBR	LOURDES MEDINA	2801 NE 183RD ST, APT 2203 AVENTURA, FL. 33160	
			Remove
		· · · · · · · · · · · · · · · · · · ·	Change
			☐ Remove
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ective date, if other than the da effective date is listed, the date must be	ite of filing:		(optional)	
effective date is listed, the date must be te: If the date inserted in this block	e specific and cannot be prior to a does not meet the applical	o date of filing or more the ble statutory filing requ	in 90 days after filing.) Pursuant iirements, this date will not l	to 605.02 se listed :
ument's effective date on the Depa		, , ,		
record specifies a delayed e		an effective time,	at 12:01 a.m. on the	earlier
he 90th day after the recor	o is filed.			
May 16th	2019			
ea	· <u></u>	=		
)		
		1		

Page 3 of 3

Filing Fee: \$25.00