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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

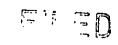
TO: Registration S Division of Co		• .	
	LILI'S ART DECOR, L	LC	•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	1	LILIBET LOPEZ FELIPE	
		Name of Person	
		LILI'S ART DECOR, LLC	
		Firm/Company	
		9840 SW 163 STREET	
		Address	
		MIAMI, FLORIDA 33157-3324	
	 	City/State and Zip Code	
	E-mail address: ()	lilibetlopez14@gmail.com to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca		Cultary
Lilibet Lop	ez Felipe	786 326-3450	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 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



2019 MAY 28 PM 5:

1.1	LFS ART DECOR, LLC		
(Name of the Limited Liah (A Flor	ility Company as it now appe ida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on _	MAY 6, 2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company l	<u>iere</u> :	
The new name must be distinguishable and contain the words "I.	imited 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 ADI	DRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		n our records, <u>ente</u>	r the name of the
Name of New Registered Agent:			
New Registered Office Address:	E 17	orida street address	
	r,nter F l	oriaa sireet adaress	
	City	Florida _	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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being add or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LILIBET LOPEZ FELIPE	9840 SW 163 STREET, MIAMI, FLORIDA 33157-3324	🖬 Add
		 	☐ Remove
			Change
			Add
			Remove
			☐ Change
		.	
			☐ Remove
			Change
			□ Add
		Remove	
			Change
		Remove	
			Change
			☐ Remove
			Change

	
	
	
·	
Note: If the da	e, if other than the date of filing:
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: day after the record is filed.
Dated MAY	21. 2019
	Olcher /
	Signature of a member or authorized representative of a member
	LILIBET LOPEZ FELIPE

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00