

L19 000168949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

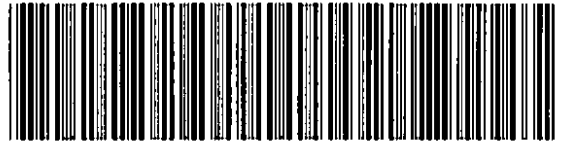
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500333966515

11/07/19--01:40--008 **15 00

FILED
2019 OCT -7 AM 9:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

10:51:15 AM

OCT 24 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Decorative Design Cabinets Stone LLC
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:

Diana Saldaña

Name of Person

Firm/Company

10025 Shady Falls Ct

Address

Riverview FL 33578

City/State and Zip Code

decoradcs@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diana Saldaña

Name of Person

at (910) 977-6895

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 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Decorative Design Cabinets Stone LLC

Page 1 of 3

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>
MGR	Diana Saldaña	10425 Shady Falls Ct	<input type="checkbox"/> Add
		Riverview FL 33578	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Diana Saldaña	10425 Shady Falls Ct	<input type="checkbox"/> Add
		Riverview FL 33578	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Diana Saldarriaga

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

I need to change from MGR to
AMBR. I am 50/50 owner. please
contact me if you have any questions

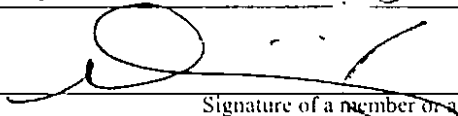
E. Effective date, if other than the date of filing: 10/2/19 (optional)

(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 October 2nd, 2019


Signature of a member or authorized representative of a member

Diana Saldarriaga
Typed or printed name of signer