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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DOVCI DOSIG	n Cabine-15 Stone LLC of Limited Liability Company
The enclosed Articles of Amendment and fee(s) at Please return all correspondence concerning this is	·
Diana S	Salchiaga Name of Person
	Firm/Company 5 SNUCLY - CUIS (T) Address
River	Address VIEW TL 33578 City/State and Zip Code CS & gmail. Com
rs-man ad	dress: (to be used for future annual report notification)
Diana Saldwraga Name of Person	at (910) 977-6895 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: S25.00 Filing Fee S30.00 Filing Fee Certificate of Sta	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Decora Design Calsinets stone LLC

(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our rec ability Company)	ords.)
The Articles of Organization for this Limited Liability Company v Florida document number LIGOOLOGIAG.	vere filed on <u>(()</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	· · · · · · · · · · · · · · · · · · ·	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "I	.L.C" 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)		75E
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here.		6 3 0
Name of New Registered Agent:		55 9 5
New Registered Office Address:	Enter Florida street ad	JP
	1	
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		·
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p	• •	• • • •

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 added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Dicra Sakkunaga	100005 Strady-Palls OT Diverview FL 33578	Add
	7	DIVERVIEW FL 33578	🗆 Remove
			C Change
AMBR	Diana Saldarriaga	10425 Shorty feils 97	🗆 Add
		RIVENTICU FL 33518	Remove
			Change
			
			Remove
			Change
			Remove
			Change
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Filing Fee: \$25.00