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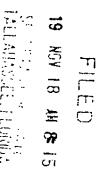
(Req	uestor's Name)	
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PICK-UP	☐ WAIT	☐ MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	
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Office Use Only



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DEC 1 8 2019 S. YOUNG

COVER LETTER

TC: Registration Section Division of Corporations
SUBJECT: Dece 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:
JUSTIN SIZEMOVE Name of Person L29 Cresta Circle Firm/Company
Address
West Palm Beach FL 33413
West Palm Beach FL 33413 City/State and Zip Code whoh sign emove a gmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tostin Sihemore at (920) 246-8867 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Solution Status Solution Status Solution Solutio

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

Tin 药

	ALO: II (III) II	r
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D . 110		Allassi.
Dece, LLC		φ π
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
	9-10-19	and assigned
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number <u>L 1900022962</u> 7		
This amendment is submitted to amend the following:		
to the second state of the territory of	914	
A. If amending name, enter the new name of the limited liab	ility company here:	
		11 12 11 10 1
he new name must be distinguishable and contain the words "Limited Liabi	ity Company, 'the designation "LLC" or the	ie 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)		
		
3. If amending the registered agent and/or registered of		ter the name of the n
egistered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	r
	City	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name .	Address	Type of Action
MGR	JUSTIN SIZEMOVE	2 629 Cresta Circle	
			Remove
			Change
			Add
			Remove
		Change	
			Add
		🗆 Remove	
		Change	
		☐ Remove	
		Change	
		□ Remove	
		Change	
	-	Add	
		Remove	
			☐ Change

D. If aménding	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
(If an effective of Note: If the	te, if other than the date of filing:
	specifies 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	ovember 11. 2019.
_	Aignature of a member or authorize frepresentative of a member
_	JUSTIN M Sizenore Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00