# 119000 230 722

(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



200336773272

SECRETARY OF STATE OF THE SECRETARY O



# **COVER LETTER**

TO:	Registration Se Division of Cor		je vilosti i sa	
Catha		PACE DECORATION LLC		
3015		Name of Lin	nited Liability Company	
The c	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	e return all correspo	ondence concerning this matter	to the following:	
		ENRIQUE DESMOINEA	UX	
			Name of Person	
			Firm/Company	<u> </u>
		1005 NW 100TH AVE		
		<del></del> -	Address	<del></del>
		DORAL, FL 33172		
			City/State and Zip Code	<del></del>
		DEMOINEAUXPAUL86@	•	
		E-mail address: (	to be used for future annual report n	otification)
For fu	rther information c	oncerning this matter, please c	all:	
ENR	QUE DESMOINE	AUX	786 538-8000 at ()	
	Name o	f Person	Area Code Dayı	ime Telephone Number
Enclo	sed is a check for t	ne following amount:		
<b>□</b> \$3	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 2601 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LLC			
ed Liability Co (A Florida Lim	impany as it now appears on ou ited (Tability Company)	ir records.)	<del></del>
iability Comp	oany were filed on $\frac{09/12/20}{}$	19	and assigned
owing:		AVTTVI SLOVE	
f the limited	liability company here:	SA:	
		, , ,	- The same of the
ords "Limited I	Liability Company," the designat	ion "LTC" or the	ibbreviation "L.L.C."
able:	N/A	CRIT F	
T ADDRESS	<u> </u>		
BOX)	N/A		
<u> </u>			
or registered fice address	d office address on our here:	records, <u>enter</u>	the name of the
N/A			
· <del>- · · · · · · · · · · · · · · · · · · </del>	Enter Florida stre	et address	
		Classida	
	ed Liability Co (A Florida Limitalia) iability Composition owing:  f the limited  words "Limited I able: TADDRESS  BOX)  or registere Tice address	iability Company as it now appears on or (A Florida Limited Liability Company)  iability Company were filed on 09/12/20  ewing:  f the limited liability company here:  //ords "Limited Liability Company," the designat able:  ////  ///  ///  ///  ///  ///  ///	ed Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)  iability Company were filed on O9/12/2019  ewing:    The limited liability company here:   Solution

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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	PAUL DESMOINEAUX	1005 NW 100TH AVE MIAMI, FL 33172	Add
			Aug
			П Ветоуе
			□ Change
AMBR	ENRIQUE DESMOINEAUX	1005 NW 100TH AVE MIAMI, FL 33172	Add
			□ Remove
			■ Change
	<del></del>		L1 Add
٠			Remove
			□ Change
			🗀 Add
			□ Remove
	•		Cl Change
			D Add
			□ Remove
			Change
			☐ Add
			□ Remove
			Change.

11/5/2019	doc alejandro 8.jpg
D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
E. Effec	tive date, if other than the date of filing:
(Blance Note:	ttedise 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.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docu	nent's effective date on the Department of State's records.
	·
If the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
(5)	The record is med.
Dated	1 10-31-2019
	Signature of a member or authorized representative of a member
	Enrique Desmoineula Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00