## 119000260538

(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



900428284279

. ;

**CAPITAL CONNECTION, INC.**417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

			.1
Deco Homes LLC			
Please Debit FCA00	0000003 For:	25	
Thank you Seth Nee	ley		
Sty			Art of Inc. File
			Fictitious Name File 197  Trade/Service Mark 197  Merger File 197  Art, of Amend. File
			RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement
			Cert. Copy Photo Copy Certificate of Good Standing
			Certificate of Status  Certificate of Fictitious Name  Corp Record Search
Sta			Officer Search Fictitious Search Fictitious Owner Search
Signature	- <del></del>		Vehicle Search
Requested by:			UCC   or 3 File
Name	Date	Time	UCC 11 Search
Walk-In		Jp	Courier

## COVER LETTER.

TO: Registration S Division of Co			
T.H. SERV	/ICES OF SOUTH FLORIDA	LLC	
SUBJECT:	Name of Lim	nited Liability Company	<u>-                                     </u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CONRAD BONET		
		Name of Person	
	T.H. SERVICES OF SOU	TH FLORIDA LLC	
		Firm/Company	
	8519 RAMBLEWOOD D	PR .	
		Address	OF ALL
	CORAL SPRINGS, FL 33	3071	8: 12 STATE E.FL
		City/State and Zip Code	# m %
	TRANQUILHOMESLLC	·	·
For further information	E-mail address: ( concerning this matter, please c	to be used for future annual report notification)	
1 •	, , , , , , , , , , , , , , , , , , ,		
CONRAD BONET	···	305 527-1226 at ()	
Name o	of Person	Area Code Daytime Telephone No	umber
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cert	00 Filing Fee, tificate of Status & tified Copy itional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Su Tallahassee, FI, 32303	ite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

T.H. SERVICES OF SOUTH FLORIDA LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/16/2019 and assigned 1.19000260538 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DECO HOMES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida 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 Authori or removed from our	zed Person(s) authorized to mana	ge, enter the title, name, and address	of each person being added
MGR = Manager AMBR = Authorize	d Member		
<u>Title</u> <u>Nam</u>	<u>c</u>	Address	Type of Action
	<del></del>		□Add
			☐ Remove
	-		☐ Change
			□Add
			Remove
			G⊡Change
			Add
	-		SSC PRemove
	-	·	Change
			□Add
	-		Remove
	-		
			□ Add
	<del>-</del>		☐ Remove
	-		☐ Change
	<del></del>		□ □ Add
	-		Remove
	-		

If amending any other information, enter change(s) here: (Atta	Ch daantonal sheets, if necessary.)	
<u> </u>		
	1 _	(~5
		<u></u>
	la l	'
	is constant and the second sec	=
		· · · · · · · · · · · · · · · · · · ·
		2
Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of Note: If the date inserted in this block does not meet the applicable standocument's effective date on the Department of State's records.	(optional) of filing or more than 90 days after filing.) Fitutory filing requirements, this date w	tursuant to 605.0207 (3 ill not be listed as th
ne record specifies a delayed effective date, but not an effective time, at lord is filed.	2:01 a.m. on the earlier of: (b)	90th day after the
Dated MAY 6TH		
Signature of a member or authorized re	presentative of a member	<u>.</u>
CONRAD BONET AMBR		
Typed or printed name	[1]	

Filing Fee: \$25.00