4/20/23, 10:47 AM Division of Corporations

L23000205592

# Florida Department of State
## Division of Corporations
## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000147591 3)))

H23000147591 3ABC%

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6333

From:
Account Name : MIACCOUNTING CO
Account Number : 120220000131
Phone : (305)610-2704
Fax Number : (305)647-6040

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

**Email Address** : _____

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
## LUMIERE CEILING, L.L.C.

| | |
|---|---|
| Icertificate of Status | 0 |
| Icertified Copy | 0 |
| IPage Count | 06 |
| IEstimated Charge | $25.00 |

FILED
2023 APR 20 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

T. LEMIEUX
APR 21 2023

https://efile.sunbiz.org/scripts/efilcovr.exe 1/1

# COVER LETTER

(((H23000147591 3)))

TO: **Registration Section**
**Division of Corporations**

SUBJECT: LUMIERE CEILING, L.L.C.
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:

NIKOLAY RYABININ
Name of Person

LUMIERE CEILING, L.L.C.
Firm/Company

2970 Solano Ave Apt. 200
Address

Holl, , ood, FL 33024
City/State and Zip Code

info@miaccounting.us
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NIKOLAY RYABININ at ( 305 ) 610-2704
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

$25.00 Filing Fee

O $30.00 Filing Fee & Certificate of Status

O $55.00 Filing Fee & Certified Copy (additional copy is enclosed)

O $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 Address:**
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((L23000147591 3)))

LUMIERE CEILING, L.L.C.

(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 12127[illegible]19 and assigned Florida document number L20000005922.

This amendment is submitted to amend the following:

A. If **amending name, enter the new name of the limited liability company here:**

ROWAN DESIGN&DECOR LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**
*(Principal office address MUST BE A STREET ADDRESS)*

2970 SOLANO AVE
APT 200
COOPER CITY, FL 33024-3792

**Enter new mailing address, if applicable:**
*(Mailing address MAY BE A POST OFFICE BOX)*

2970 SOLANO AVE
APT 200
COOPER CITY, FL 33024-3792

B. If **amending the registered agent and/or registered office address in our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: NIKOLAY RYABININ

New Registered Office Address: 2970 SOLANO AVE APT 200
*Enter Florida street address*

COOPER CITY City Florida 33024-3792 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.*

N. Ryabinin

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:**

(((H23000147591 3)))

**MGR= Manager**
**AMBR = Authorized Member**

| Title | Name | Address | Type of Action |
|---|---|---|---|
| AMBR | NIKOLAY RYABININ | 2970 SOLANO AVE APT 200<br>COOPER CITY, FL 33024-3792 | ☐Add<br>☐Remove<br>Change |
| | | | ☐Add<br>☐Remove<br>☐Change |
| | | | ☐Add<br>☐Remove<br>☐Change |
| | | | ☐Add<br>☐Remove<br>☐Change |
| | | | ☐Add<br>☐Remove<br>☐Change |
| | | | DAdd<br>☐Remove<br>☐Change |

(((H23000147591 3)))

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

E. Effective date, if other than the date of filing: _____ (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 no an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April 20 2023

N. Ryabinin
Signature of a member or authorized representative of a member

NIKOLAY RYABININ
Typed or printed name of signee

**Filing Fee: $25.00**