## 120000 119174

	(Requestor's Name)	
	((104-01-01-01-01-01-01-01-01-01-01-01-01-01-	
<u></u>	(Address)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	WAIT	MAIL
<b>—</b>	_	
	(Business Entity Name)	
	(0)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	
<u> </u>		

Office Use Only



400345025554

05/21/20~~01005~~015 \*\*60.00

2020 K ... 21 PH 7: 00



## **COVER LETTER**

TO: Registration Sec Division of Corp			
	DECKER, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
	Amendment and fee(s) are sub-		
(ADD PERIOD AFTER MITTAL)	CHRISTI W. DECKER		
Private Internation		Name of Person	
		Firm/Company	
	PO BOX 17276		
		Address	
	SARASOTA, FL 34276-02	276	
	shoalview@gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notific	ration)
For further information c	oncerning this matter, please ca	all:	
CHRISTI W. DECKER		920 854-7878 at ()	
	f Person	Area Code Daytime 1	Felephone Number
(ADD PERIOD AFTE	e middle initial)		
Enclosed is a check for th	ne following amount:		
□ \$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 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

CHRISTI W DECKER, LLC

<sup>2703</sup>111121 PH 7:00

(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 Liab	ility Company w	ere filed on MAY 1, 2020	0 and assigned
Florida document number L20000119174			
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the CHRISTI W. DECKER, LLC	ne limited liabili	ty company here:	
The new name must be distinguishable and contain the word (ADD PERIOD AFTER MIDDLE INITIAL)  Enter new principal offices address, if applicab		y Company," the designation '	'LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET.	ADDRESS)		<del></del>
		PO BOX 17276	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		SARASOTA, FL 34276-0	
B. If amending the registered agent and/or reg agent and/or the new registered office address			nter the name of the new registered
Name of New Registered Agent: LADD PECIOD AFTER MIDDLE INITIAL			<u> </u>
New Registered Office Address:	6688 SCHOONER BAY CIR  Enter Florida street address		
	SARASOTA		
		City	. Florida 34231 Zip Code
New Registered Agent's Signature, if changing Reg	gistered 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	CHRISTI W. DECKER	PO BOX 17276	🗆 Add
	LADD PECIOD AFTER MIDDLE INITIAL)	SARASOTA, FL 34276-0276	□Remove
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
<del></del>			□Add
			□Remove
			□Change
			🗆 Add
		<del> </del>	□Remove

<del></del>					<del></del>
			<u>,</u>		
		<del>-</del>			
		<del>_,</del>			
					<del></del>
	<u></u>			· ·	
·					
-				-	
		<del></del>			
				_	
E. Effective date, if other	than the date of t	filing: MAY 15, 2		(optiona	l)
(If an effective date is listed, the Note: If the date inserted	e date must be specifi in this block does	ic and cannot be prior	to date of filing or more	e than 90 days after filir requirements, this da	ig.) Pursuant to 605.0207 (; to will not be listed as th
document's effective date	on the Department	of State's records.	and statemy times	equirements, and an	
If the record specifies a delayerecord is filed.	d effective date, bu	t not an effective ti	me, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
record is med.					
		2020			
Dated MAY 15		. 2020	<u> </u>		
	t. W. Dul	·		·	
Dated MAY 15	K. W. Signature	·	prized representative of	'a member	