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COVER LETTER

то:	Registration So Division of Cor							
		COR. LLC						
SUBJI	ECT:	Name of Lin	iited Liability Company					
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please	return all correspo	ondence concerning this matter	to the following:					
		CHRISTOPHER FORD						
			Name of Person					
		FORD DECOR, LLC						
			Firm/Company	•				
		144 EAST TALL OAKS (CIRCLE					
			Address					
		PALM BEACH GARDEN	SS. FLORIDA 33410					
			City/State and Zip Code	e				
		INFO@FORDDECOR.CO			. <u>. </u>		2020	
		E-mail address: (to be used for future annua	al report notification	n)	10	30	
For fur	ther information c	concerning this matter, please o	all:			200	2020 OCT 19	;
CHRIS	STOPHER FORD		561 3	73-0019			9 P.	1
	Name o	rf Person	Area Code	Daytime Telep	phone Number	37	PM 12: 5	ζ
Enclose	ed is a check for t	he following amount:				. 5-1-1		
≡ \$2.	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is ea		S60.00 Filing Fee, Certificate of Statu 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

FORD DECOR, LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number $\frac{1.20000210596}{1.20000210596}$.	ny were filed on July 20, 2020	and assigned
This amendment is submitted to amend the following:		
•	. Lillan Lunu	
A. If amending name, enter the new name of the limited lia	ionity company aere:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2078
		10CT 19 PH 12:
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		<u> }444 = =</u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the n</u>	ame of the new registered
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 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>	<u>Address</u>	Type of Action
MGR	CHRISTOPHER FORD	144 EAST TALL OAKS CIRCLE	□ Add
		PALM BEACH GARDENS, FL 33410	□Remove
			Change
			□Remove
		-	🗀 Add
			Remove 2
			Change Clare
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<u> </u>			□Add
			□Remove
			□Change

Effective date, if other than the date of filing: July 20, 2020		
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Filing Fee: \$25.00

Typed or printed name of signee

Christopher Ford