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(((H23000046770 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAMADRID FINANCIAL SERVICES CORP

Account Number : I20200000059 : (954)727-9771 Phone : (954)727-9773

Fax Number

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

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DECORACIONES CASABELLA S.A. LLC

Certificate of Status	0
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Page Count	04
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### **COVER LETTER** •

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CUDICCT.		IONES CASABELLA S.A. LI	.c	
SUBJEC1:		Name of Limi	ed Liability Company	
The encloses	d Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		JORGE SAKAL		
			Name of Person	
		DECORACIONES CASA	BELLA S.A. LLC	
			Firm/Company	
		7205 NW 102ND PL		
			Address	
		DORAL, FL 33178		
			City/State and Zip Code	
		jorgesakal7@gmail.com E-mail address: (	to be used for future annual report noti	fication)
For further	information c	oncerning this matter, please co	all:	
JORGE SA	KAL		305 491-9093	
	Name o	l Person	Area Code Daytim	e Telephone Number
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)
Re D P.	ailing Address egistration ( ivision of C O. Box 632 allahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of 1 2415 N. Monro Tallahassee, FI	rporations Fallahassee Je Street, Suite 810

# <H23000467703> articles of amendment to articles of organization of

DECORACIONES CASABELLA S.A. LL		
(Name of the Limited Liab) (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Florida document number L20000348238	Company were filed on 02/04/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
N/A		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADD	<u> </u>	
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	<b>;</b>	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<del></del>	City , Florida	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

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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	SAKAL AZGAN, GEORGETTE	7229 NW 102ND PL	<b>B</b> Add
	· · · · · · · · · · · · · · · · · · ·	Doral, FL 33178	□ Remove
			CRemove
			🗆 Change
			□Remove
			Change
			🗆 Remove
			Change
			□Add
			Remove
			Change
			□Add
			Петоче
			Change

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famo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Effect	ive date, if other than the date of filing: (optional)
fA	ive date, if other than the date of filing:
docum	nent's effective date on the Department of State's records.
recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
וני גו טו	icu.
Dated	
Daicu	Jone Sokal Signature of a member or authorized representative of a member
	Jorde Joka I
	Signature of a member or authorized representative of a member
	JORGE SAKAL
	Typed or printed name of signee

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Filing Fee: \$25.00