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(Requestor's Name)
(Address)
(Acidress)
(City/State/Zip/Phone #)
P.CK-UP WAIT MAIL
(Business Entity Name)
(Ducument Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	ay DECOR an	nd Events L.	L.C.
	Į.		
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Kaluna D	Name of Person	
		OR and Events Firm/Company	L.L.C.
		81 33 Address	
	Tallahassee	City/State and Zip Code	
	lady Kay-foreve	C.C.O. may 1. COM o be used for future annual report notif	ication)
For further information e	oncerning this matter, please ca	dl:	
Kaluna J) av i S i Person	at (850) 901-2 Area Code Daytime	3653 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)

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

(Name of the Limited Liability (A Florida	y Company as it now appears on our recon Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Co	ompany were filed on	and assigned
Florida document number	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		707
		77 77 70
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>ente</u>	er the name of the new regis
Name of New Registered Agent:		STAT 0
New Registered Office Address:	Enter Florida street add	m O
	City	Florida Zıp 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>	Name	Address	Type of Action
IMBR	Kalura Davis	5431 Water Valley Conrt	DAdd
7MBK		TALL, FL 32383	□Remove
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ffective	e date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after tiling.) Pursuant to 605,020
<u>lote:</u> If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records.
record s I is filed	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
	FFB 3 2021
ated	

Typed or printed name of signee