L21000092818

(Re	questor's Name)	_
(Ad	dress)	 -
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
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Certified Copies	Certificates	of Status
		
		
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COVER LETTER

	ation Section n of Corpor				
	RAFER DIS	FINCT DECOR LLC			
SUBJECT:		Name of Lin	nited Liability Company		
The enclosed Ar	ticles of An	endment and fee(s) are sub	omitted for filing.		
Please return all	corresponde	ence concerning this matter	to the following:		
		LENICE GRAFER			
			Name of Person		
		GRAFER DISTINCT DEC	COR LLC		
			Firm/Company		<u> </u>
		6702 SLATAIRE TERRA	CE		
			Address		
		MARGATE / FLORIDA.	33063		
		GRAFERDISTINCTDEC	City/State and Zip Code OR@GMAIL.COM		
	-	E-mail address: (to be used for future annual	report notification)	
For further infor	nation conc	erning this matter, please ca	all:		
TONY			561 56	13054744	
	Name of Per	son	Area Code	Daytime Telepho	ne Number
Enclosed is a che	eck for the fo	llowing amount:			
□ \$25.00 Filing	g Fee [330.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is enc		\$60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is enclo

Mailing Address:
Registration Section
Division of Corporations

Street Address:
Registration Section
Division of Corporations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

GRAFER DISTINCT DECOR L	LC			
(Name of the Lit	nited Liability Comp (A Florida Limited	any as it now appears of Liability Company)	on our records.)	
The Articles of Organization for this Limited Florida document number $\frac{1.21000092818}{1.000092818}$	Liability Company	y were filed on $\frac{02/24}{2}$	/2021	and assigned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited lial	oility company here	:	
GRAFER DISTINCT DECOR, LLC				
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the desi	gnation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		6702 SALTAIRE	TERRACE	
Principal office address MUST BE A STRE		MARGATE / FL 3	3063	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE</u>	E BOX)			
				,3
 If amending the registered agent and/or igent and/or the new registered office addra 	registered office a ess here:	address on our reco	rds, <u>enter the nam</u>	i
Name of New Registered Agent:	LENICE D. GR	AFER	_	1 TO 10 TO 1
New Registered Office Address:	6702 SALTAIR	E TERRACE		. tu
		Enter Florida	strect address	
	MARGATE		, Florida <u>330</u>	63
		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.

Y WYGOWOOL THE 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>	<u>Name</u>	Address	Type of Action
MGR	LENICE GRAFER	6702 SALTAIRE TERRACE	■Add
		MARGATE/ FLORIDA 33063	□Remove
			[]Change
MGR	JOSE ANTONIO DASILVA	6702 SALTAIRE TERRACE	□Add
		MARGATE / FLORIDA 33063	Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Change
			□Add
			□Remove
			□Change

If an effectiv <u>Note:</u> If th	date, if other than the date of filing: (optional) c 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 605.02 are date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.	207 (. Las tl
e record spo rd is filed.	ecities a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	he
Apr Dated	Signature of a member or authorized representative of a member	
	n lineamy	

Filing Fee: \$25.00

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		02/25/2021			
	other than the date of	of filing: 02/25/2021	to data of tillian and an order	(optional)	
Effective date, i Can effective date i	inserted in this block doc	es not meet the applica	able statutory filing requ	in 90 days after titing.) Pursuani ifrements, this date will not	to 605,0207 be listed as 1
fan effective date i <u>Note:</u> If the date	ive date on the Departme	ent of State's records.			
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Filing Fee: \$25.00