

L21000092818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

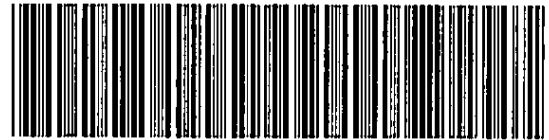
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 MAY 10 AM 10:50

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GRAFER DISTINCT DECOR LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LENICE GRAFER

Name of Person

GRAFER DISTINCT DECOR LLC

Firm/Company

6702 SLATAIRE TERRACE

Address

MARGATE / FLORIDA, 33063

City/State and Zip Code

GRAFERDISTINCTDECOR@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TONY

561

5613054744

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 encl

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6227

Street Address:

Registration Section
Division of Corporations
The City of Tallahassee

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

GRAFER DISTINCT DECOR LLC

(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 Liability Company were filed on 02/24/2021 and assigned Florida document number L21000092818.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GRAFER DISTINCT DECOR, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

6702 SALTAIRE TERRACE

(Principal office address MUST BE A STREET ADDRESS)

MARGATE / FL 33063

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

LENICE D. GRAFER

New Registered Office Address:

6702 SALTAIRE TERRACE

Enter Florida street address

MARGATE

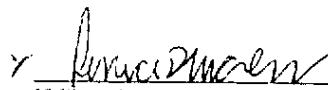
City

Florida 33063

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

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>	<u>Type of Action</u>
MGR	LENICE GRAFER	6702 SALT AIRE TERRACE	<input checked="" type="checkbox"/> Add
		MARGATE/ FLORIDA 33063	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOSE ANTONIO DASILVA	6702 SALT AIRE TERRACE	<input type="checkbox"/> Add
		MARGATE / FLORIDA 33063	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

(If an effective 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 605.0207 (3)(b)

If the record 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 record is filed.

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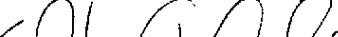
x LENITE D. GRAFER

Filing Fee: \$25.00

[illegible]

(If an effective 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 605.0207 (3)(b)

If the record 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 record is filed.


Signature of a member or authorized representative of a member

JOSE ANTONIO DASILVA
Typed or printed name of signee

Filing Fee: \$25.00