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T. MATTHEWS DEC 20 2021

## **COVER LETTER**

Registration Section

**Division of Corporations** 

Tallahassee, FL 32314

TO:

CUDIECT.	DECOR	y investments canada 1	.LC		
SUBJECT:Name of Limited Liability Company					
The enclosed .	Articles of a	Amendment and fee(s) are subn	nitted for filing.		
Please return a	all correspo	ndence concerning this matter t	o the following:		
		Ryan Robertson			
			Name of Person		
		Altro LLP			
			Firm/Company		
		155 University Avenue, Su	ite 300		
		Address			
		Toronto, Ontario, Canada, M5H 3B7			
			City/State and Zip Code	· . <del></del>	
		rrobertson@altrolaw.com			
			o be used for future annual re	port notification)	
For further inf	ormation co	oncerning this matter, please ca	11:		
	Ryan Rol	pertson	at (416)	477-8165	
Name of Person		Person	Area Code	Daytime Telephone Number	
Enclosed is a	check for th	e following amount:			
□ \$25,00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &	
	ing Addres		Street Add		
Registration Section		Registration Section Division of Corporations			
Division of Corporations P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DECORY INVESTMENTS CANADA LLC

21 050 -0 777 3: 32

( <u>Name of the Limited Liability</u> (A Florida I	Company as it r Limited Liability (	now appears on our r Company)	ecords.)	_
The Articles of Organization for this Limited Liability Co	ompany were fi	led on 03/03/2021	an	d assigned
Florida document number 1.21000109665	<u>.</u>			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability co	mpany here:		
The new name must be distinguishable and contain the words "Limite	ed Liability Comp	oany," the designation	"LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable:		. = =		
(Principal office address MUST BE A STREET ADDRE	<u></u>			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:	office address	on our records, <u>e</u>	nter the name of th	e new registered
New Registered Office Address:				
		Enter Florida street o	address	
	City		Florida	<u> </u>
New Registered Agent's Signature, if changing Registered				
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete perfori ent as provide	nance of my dutie d for in Chapter (	es, and I am familia 505, F.S. Or, if this	r with and document is
	If Changing Rep	gistered Agent, <u>Signa</u>	ture 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>	Type of Action
MGR	GARTEN, IRVING	36 LOWTHER AVENUE	🗆 Add
		TORONTO, ONTARIO, M5C 2T6	≣Remove
			Change
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<u>Note:</u> If	e date, if other than the date tive date is listed, the date must be so the date inserted in this block out is effective date on the Depart	does not meet the appl	licable statutory filir	( <b>option</b> ore than 90 days after fing requirements, this o	nal) lling.) Pursuant to 605.0207 (2 date will not be listed as th
f the record : record is filed	specifies a delayed effective dat I.	e, but not an effective	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
Dated	December 6	. 2021	·		
	/s/ Irving Garten				
	Sign	ature of a member or au	thorized representative	e of a member	
	IRVING GARTEN				
		Typed or nr	inted name of signee		<del></del>

Filing Fee: \$25.00