Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **DECANO GROUP LLC**

Certificate of Status 0	
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on o liability Company)	21 and assigned
The Articles of Organization for this Limited L Torida document number <u>L21000276831</u>	iability Company	were filed on	21 and assigned
his amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liabi	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designat	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applie			
Principal office address MUST BE A STREI	<u>et ADDRESS)</u>		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	BOX)		
 If amending the registered agent and/or gent and/or the new registered office addro 		iddress on our record	s, enter the name of the new regist
Name of New Registered Agent:	Salford Corpora	ate Services Inc.	
New Registered Office Address:	20803 Biscayno	Blvd. Suite 405	
	Aventura		
	Attended	City	, Florida 33180 Zin Code

New Registered Agent's Signature, if changing Registered Agent:

DECANO GROUPILIC

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.

> Joseph Panholzer, Attorney-in-Fact

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
MGR	GARCIA, ANDRES A		□Add
			■ Remove
			☐ Change
			□Add
			Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			[]Change
			□Add
			Remove
			Change

The name and address of each M	Aanager is:	
JHONATTAN GARCIA, 2730	NE IST STREET, HOMESTEAD, FL 33033	
		<u>-</u>
		
		202
		2021 NOV 1,0
		₽
		17
iote: If the date inserted in this block ocument's effective date on the Depa	e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant k does not meet the applicable statutory filing requirements, this date will not lartment of State's records.	be listed as
record specifies a delayed effective d f is filed.	late, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th da	y after the
November 10	, 2021 , male	

Filing Fee: \$25.00