Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210003079623)))



H210003079623ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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 DEC FINANCIAL, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

3052201440

DEC VINANCIAL LLO

ARTICLES OF AMENUMENT

	TO
4	ARTICLES OF ORGANIZATION
	OF

(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compared Florida document number	ny were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lin	ability company here:	
DEC CAPITAL INVESTMENTS, LLC		
The new name must be distinguishable and contain the words "Limited Lia	shillity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, <u>enter the na</u>	nic of the new registered
		S O F
New Registered Office Address:	Enter Florida street address	Pu 15
	, Florica	15: 5 2: 5
	City	Zip Code UT
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>	

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

Change □Add Remove _ Change □Add □Remove ☐ Change □Add Remove Change \square Add □Remove ☐ Change

9 5

		
		
·		
		
<u> </u>	· · · · · · · · · · · · · · · · · · ·	,
·		
Stanting data if athenthan the	data of Glicar	(antingal)
an effective date is listed, the date mus iote: If the date inserted in this blo ocument's effective date on the De	date of filing: t be specific and cannot be prior to date of filing or more than so ock does not meet the applicable statutory filing require epartment of State's records.	10 days after filing.) Pursuant to 605.02 cments, this date will not be listed
record specifies a delayed effective	e date, but not an effective time, at 12:01 a.m. on the ea	arlier of: (b) The 90th day after th
		SE TALL
(A) 11 -	2.4	ZIZI AUG SECOLUMANS
ated 8-16-206	1)1 N	38 6 1
Dated <u>8-16-266</u>	Signature of a member or authorized representative of a mem	5 6