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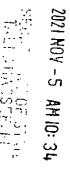
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то:	Registration Se Division of Cor			
SUBJE	ect.	SAI	A DECO LLC	
30031		Name of Lin	nited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			ARIADNA OJEDA	
			Name of Person	
			AYUDA CENTER	
			Firm/Company	
			8230 CORAL WAY	
			Address	
			MIAMI, FL 33155	
			City/State and Zip Code	
			aojeda@ayudacenter.com	
For fuel	han in Camaratina		to be used for future annual report notifica	tion)
1011111		oncerning this matter, please c		
	ARIADNA 		305 971-5232 at ()	
	Name o	f Person	Area Code Daytime To	elephone Number
Enclose	d is a check for th	ne 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 enclosed)
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Section Division of Corpor The Centre of Tall 2415 N. Monroe S Tallahassee, FL 32	rations ahassee treet, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	DECO LLC		
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears and Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Compa	ny were filed on	09/09/2021	and assigned
Florida document number <u>L21000401540</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
			
			7021 T
Enter new mailing address, if applicable:			<u>~</u>
Mailing address MAY BE A POST OFFICE BOX)			
			CO CO
B. If amending the registered agent and/or registered office	e address on our re	cords, <u>enter the na</u>	me of the new register
gent and/or the new registered office address here:			· F
			6
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	da street address	
		, Florida	
 	City	, 1 101144 _	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 amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ROSARIO PEREZ	765 CRANDON BLVD APT PH7	
		KEY BISCAYNE, FL 33149	□Remove
			⊟ Change
AMBR	MARIA G. ECHENIQUE BURR	765 CRANDON BLVD APT PH7	= Add
		KEY BISCAYNE, FL 33149	□Remove
			□ Change
	·		□Add
			□Remove
			□Change
		-	□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□ Remove
			Chanco

D. II aill	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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(If an eff <u>Note:</u>	ive date, if other than the date of filing:
f the recor	d 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 ed.
Dated	OCTOBER 6TH 2021
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

. . . .

Filing Fee: \$25.00