

K21 0000426937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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10/14/21--01006--028 **30.00

10/21/21

T.A.S.

2021 OCT 14 AM 8:17
RECEIVED
FALLAHASSEE LORIO

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Country Charm 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:

Paul Smith

Name of Person

Country Charm Decor, LLC

Firm/Company

2300 SE 157th Lane Road

Address

Summertield, FL 34491

City/State and Zip Code

msmith@countrycharmdecor.com

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

For further information concerning this matter, please call:

Paul Smith

720 749-8262

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 enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Country Charm 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 09/28/2021 and assigned Florida document number L21000426937.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

2021 OCT 14 PM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

Enter Florida street address

_____, **Florida** _____

City

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>
AMBR	Paul Smith	2300 SE 157th Lane Road	<input type="checkbox"/> Add
		Summerfield, FL 34491	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Mary Smith	2300 SE 157th Lane Road	<input checked="" type="checkbox"/> Add
		Summerfield, FL 34491	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2022 OCT 14 AM 8:18
SECRETARY
TALLAHASSEE
FL 32301-0000

2021 OCT 14 PM 5:00
SEATTLE POLICE
FALLANASSI, ERIK

2021 OCT 14 AM 8:18
SECRETARY OF THE
FALL ASSET BOARD

(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.

A handwritten signature in black ink, appearing to be "R. J. ...". The signature is written across two horizontal lines. It starts with a large loop, followed by several smaller loops and strokes before ending.

Paul Smith

Typed or printed name of signee

Filing Fee: \$25.00