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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: | Registration Sector Division of Corp | tion orations | | |
|---------|--|--|---|--|
| | SRO KINTO | HEN DECORE LLC | • | |
| SUBJE | CCT: | | d Liability Company | |
| The en- | closed Articles of A | amendment and fee(s) are subm | itted for filing. | |
| | | dence concerning this matter to | | |
| | | DIMITRI ALEXANDROVS | SKI | |
| | | | Name of Person | |
| | | SRQ KITCHEN DECORE | LLC | |
| | | | Firm/Company | |
| | | 275 ROTONDA CIR | | |
| | | | Address | |
| | | ROTONDA WEST, FL 339 | 947 | |
| | | | City/State and Zip Code | |
| | | DMITRIALEXANDROVSI | (I@GMAIL.COM | oi Gartian) |
| | | | o be used for future annual report no | meanon) |
| For fu | orther information o | oncerning this matter, please ca | ll: | |
| DIMI | TR ALEXANDRO | VSKI | 647 8863462 | |
| | Name o | f Person | Area Code Dayti | me Telephone Number |
| Enclo | sed is a check for the | he 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 Addre Registration Division of C | Section | Street Address: Registration S Division of C | orporations |
| | P.O. Box 633 | 27 | The Centre of | Tallahassec roe Street, Suite 810 |
| | Tallahassee, | FL 32314 | 2415 IN. IVIOII | 20202 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SRQ KITCHEN DECORE LLC | <u></u> |
|---|--|
| (Name of the Limited Liability Company as it now (A Florida Limited Liability Con | appears on our records.) |
| The Articles of Organization for this Limited Liability Company were filed | on 10/11/2021 and assigned |
| Florida document number L21000443237 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability comp | any here: |
| SRQ KITCHEN DECOR LLC | |
| The new name must be distinguishable and contain the words "Limited Liability Company | y," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | |
| | 40 ~ |
| Enter new mailing address, if applicable: | 2021 OCT 21 |
| (Mailing address MAY BE A POST OFFICE BOX) | C T |
| | 25 |
| | ÃO ≥ m |
| B. If amending the registered agent and/or registered office address or | our records, enter the name of the new registered |
| agent and/or the new registered office address here: | 12 |
| | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| E | nter Florida street address |
| | , Florida |
| City | /m (ode |

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, 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> | Address | Type of Action |
|--------------|-------------|-----------------------------------|----------------|
| AR | OL, VILGELM | 1900 COLLEEN ST SARASOTA FL 34231 | □Add |
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| <u> </u> | ive date, if other than the date of filing: |
| | |
| IU IS II. | 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. |
| IU IS II. | CU. |
| IU IS II. | Signature of a member or authorized representative of a member |

Filing Fee: \$25.00