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SECRETARY OF STATE

COVER LETTER

TO: Registration Se Division of Cor			
Decorations			
SUBJECT:	Name of Limit	ed Liability Company	
an I I I I I	A contract of for (a) and subs	situal for filing	
	Amendment and fee(s) are subr		
Please return all correspo	ndence concerning this matter t	o the following:	
	Jessenia Jimenez		
		Name of Person	
	Decorations R Us LLC		
		Firm/Company	
18810 Nw 68th ave Address			
Address			
	Hialeah FL 33015		
		City/State and Zip Code	
	decorationsruslle@gmail.co	m	
	E-mail address: (to be used for future annual report no	ouncation)
For further information of	oncerning this matter, please ca	all:	
Jessenia Jimenez		305 318-6403 at ()	
Name o	f Person	Area Code Dayı	ime Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Centified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address: Registration S	
Registration Division of C		Division of C	
15,1131011 01 0		The Cantre o	f Tallabacces

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Decorations R Us 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 $\frac{5/24/2022}{2}$ _____ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_, Florida __

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
MGR	Jessenia Jimenez	18810 Nw 84th Ave	
		Hialcah F1, 33015	□Remove
			☐ Change
			□Add
			□Remove
			Change
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		<u>. </u>	Change
			
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Fffecti	ve date, if other than the date of filing: (optional)
lf an eff <u>Note:</u>	ective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
e recor rd is fil	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 11 . 2022
	VIIII

Filing Fee: \$25.00

Typed or printed name of signee