

L22 000387046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2023 JAN 11 PM 5:19
SECURITY
FALL ARREST
11-11-23

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HOME SWEET HOME 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:

CAROLE DE SILVA PIQUES

Name of Person

HOME SWEET HOME DECOR LLC

Firm/Company

1089 N COLLIER BLVD UNIT 419

Address

MARCO ISLAND, FL 34145

City/State and Zip Code

swfhomesweethome@gmail.com

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

For further information concerning this matter, please call:

CAROLE DE SILVA PIQUES

905 7466672

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**

HOME SWEET HOME DECOR LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2023 JAN 11 PM 5:18
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/02/2022 and assigned
Florida document number L22000387046.

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)

1089 N COLLIER BLVD UNIT 419

MARCO ISLAND, FL 34145

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1089 N COLLIER BLVD UNIT 419

MARCO ISLAND, FL 34145

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

[illegible]

[illegible]

12/30/2022

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated DECEMBER 30, 2022

Typed or printed name of signee