

(((H230002169213)))



H230002169213ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Phone : (305)675-5944 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Fmail 1	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN M.M.SERVICE & MAINTENANCE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IVI.VI.SELVICESELVIAIMIEHANCE, IIC						
(Name of the Limi	(A Florida Limited	thy as it now appears of Liability Company)	our records.)		_	
The Articles of Organization for this Limited L Florida document number L22000475033	iability Company	were filed on Florida	<u> </u>	and	assigned	ļ
This amendment is submitted to amend the following	lowing:					
A. If amending name, enter the new name of	of the limited liab	ility company here:				
DecorFlames	سلد					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desig	nation "LLC" or the r	ibbreviation	"L.L.C."	
Enter new principal offices address, if applic	1230 sw 86th ct, Mi	ami, Fl, 33144				
(Principal office address MUST BE A STREE	ET ADDRESS)				 	_
				<u> </u>		_
Enter new mailing address, if applicable:	1230 sw 86th ct, Mi	ami, Fl. 33144				
(Mailing address MAY BE A POST OFFICE	BOX)					_
				<u>;</u>		
B. If amending the registered agent and/or	registered office a	address on our reco	rds, enter the nai	ne of the	new reg	stered
agent and/or the new registered office addre	ss here:				- 2	
Name of New Registered Agent:	N/A				16	 .
New Registered Office Address:	N/A			,	AM	<u></u>
		Enser Florida :	street address Florida	1918. 11.11	8: 55	
		City	, riorid#	Ζφ Сο	de	_

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.

_____ □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 = Ma AMBR = Au	nager thorized Member		
Title	Name	Address	Type of Action
	-		□Add
			□Remove
	•		□ Change
	-		□Add
			□Remove
			Change
	-		🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			Change
	- 		DAdd
			□Remove

N/A	er information, ent			onat micers, if m	ecessary.)
					
		_			-
				- <u>-</u> -	
<u></u>					
					
					
				·	
					
					
<pre>teffective date is listed, te: If the date inserte</pre>	than the date of file the date must be specificed in this block does no the Department o	and cannot be prior to	date of filing or more ole statutory filing	AA . A	onal). filing.: Pursuant to 605.6 s date will not be liste
cord specifies a delay	ed effective date, but n	not an effective tim	e, at 12:01 a.m. on	the earlier of: (b	r) The 90th day after
s filed.					
Miami, Florida		06/14/2023	/ .		
incu.		May	di.		
incu.	Signature of	06/14/2023 a member or authori	ded representative of	a member	