

11/9/23, 1:32 PM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing (Cover Sheet)

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : FAIL SAFE ACCOUNTING LLC
Account Number : I20230000132
Phone : (407)201-7988
Fax Number : (407)553-2856

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

Email Address: _____

**LP/LLP AMENDMENT/RESTATEMENT/CORRECTION
WALLPAPERSCHICK LD, LLC**

Certificate of Status	0
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Page Count	01
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Corporate Filing Menu

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T. LEMIEUX

NOV 13 2023

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: WALLPAPERSCHICK LD, 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:

FARAH CRUZ

Name of Person

FAIL SAFE ACCOUNTING LLC

Firm/Company

20 S ROSE AVE SUITE 4

Address

KISSIMMEE, FL 34741

City/State and Zip Code

INFO@FAILSAFETAX.COM

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

For further information concerning this matter, please call:

FARAH CRUZ

at (407) 201-7958

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

WALLPAPERSCHICK LD, 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 12/01/2022 and assigned Florida document number L22000506727.

This amendment is submitted to amend the following:

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

WALLPAPERCHIC LLC

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)

20 S ROSE AVE SUITE 4

KISSIMMEE, FL 34741

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

20 S ROSE AVE SUITE 4

KISSIMMEE, FL 34741

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:

FAIL SAFE ACCOUNTING LLC

New Registered Office Address:

20 S ROSE AVE SUITE 4

Enter Florida street address

KISSIMMEE

Florida 34741

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.

Farah Cruz
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>
MGRM	DAVILA HERNANDEZ, LUISANA	20 S ROSE AVE SUITE 4	<input type="checkbox"/> Add
		KISSIMME, FL 34741	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	CAMPOS, VALERIA	20 S ROSE AVE SUITE 4	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34741	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

Effective date, if other than the date of filing: _____ (Optional)
(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 605.0267 (3)(b) (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 605.0267 (3)(b) (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 605.0267 (3)(b)

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.

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.

Dated NOVEMBER 6TH

Luisana Davila Hernandez
Signature of a member or authorized representative of a member

LUISANA DAVILA HERNANDEZ

Typed or printed name of signee

Filing Fee: \$25.00