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COVER LETTER

Division of Col	porations		
SUBJECT: M	ami Decor 1	LC	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspo	ondence concerning this matter	r to the following:	
	<u>)arr</u>	Name of Person	
	M ₁ ,	Eirm/Company	
	190 1	Ve 1994 St Suite	202
	Miam	FL 33179 City/State and Zip Code	
	,i	City/State and Zip Code	
	Stay	drippin @ Michide Coy. no ? to be used for future annual report notifica	202
	h-mail address! (to be used for future annual report notifica	Z023 SEP SECRETA
For further information co	oncerning this matter, please c		
)arrod	Williams	at (305) St 8 ~ Area Code Daytime To	9650 <u>25</u> = 27
Name of	Person	Area Code Daytime To	clephone Number 1 00 00 00 00 00
Enclosed is a check for th	e following amount:		47) -
□ \$25.00 Filing Fee	S30.00 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:

TO:

Registration Section

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

ew Registered Agent's Signature, if changing Registered Agent:		
City	Zip Code	
	Florida	
Enter	Enter Florida street address	
New Registered Office Address:		
Name of New Registered Agent:		
gent and/or the new registered office address here:		
. If amending the registered agent and/or registered office address on ou	ur records, enter the name of the new register	
	771y	
Mailing address MAY BE A POST OFFICE BOX)	man my	
Inter new mailing address, if applicable:		
	DORE SE	
	202 SE T	
Principal office address MUST BE A STREET ADDRESS)		
Enter new principal offices address, if applicable:		
he new name must be distinguishable and contain the words "Limited Liability Company."	the designation "LLC" or the abbreviation "L.L.C."	
A. If amending name, <u>enter the new name of the limited liability compan</u>	<u>v here</u> :	
This amendment is submitted to amend the following:		
Florida document number <u>123660794826</u>	, /	
The Articles of Organization for this Limited Liability Company were filed or	n $\frac{C}{I9/2023}$ and assigned	
	i i	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jarrod Williams	190	□Add
			□Remove
		190 Ne 199th St. Sufe 707 Michi, iz ssi79	tiChange
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fective date, if other than the date of filing:		,	
an effective date is listed, the date must be specific and cannot be prior to date	cof filing or more than 90 days after t	nal) iling.) Pursi	uant to 605,02
ote: If the date inserted in this block does not meet the applicable socument's effective date on the Department of State's records.	tatutory filing requirements, this	date will r	not be listed
ecord specifies a delayed effective date, but not an effective time, at is filed.	12:01 a.m. on the earlier of: (b)	The 90th	ı day after th
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ned August 315+ 2023			
Signature of a member or authorized i			<u>_</u>
	emperculation of a manuface		
Signature of a member or authorized (epresentative of a member		