

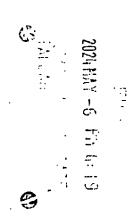
| (Re                     | equestor's Name)    |            |
|-------------------------|---------------------|------------|
| (Ad                     | ldress)             | ·          |
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| (Cit                    | y/State/Zip/Phone # | <i>F</i> ) |
| PICK-UP                 | MAIT                | MAIL       |
| (Bu                     | siness Entity Name  | ·)         |
| (Do                     | cument Number)      | -          |
| Certified Copies        | _ Certificates o    | f Status   |
| Special Instructions to | Filing Officer:     |            |
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Office Use Only



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## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |  | •   | ,   |
|--|--|---|---|
| SUBJECT:                               | Decluxe                                      | Haven LLC   |   |
|  | Name of Lim                                  | ited Liability Company  |   |
| The enclosed Articles of               | Amendment and fee(s) are sub                 | mitted for filing.  |   |
|  | ndence concerning this matter                |   |   |
|  | Der  | rion Hansberry Name of Person                                       |   |
|  |  | Firm/Company  | <del></del>   |
|  | 646  | 03 16 th 5t.  Address   | -   |
|  | Zep  | Phyrhills, FL 3.3542<br>City/State and Zip Code                     | <del></del>   |
|  | <u>hunsber</u><br>E-mail address: (          | ryderrion & amail. Com  | fication)   |
| For further information c              | oncerning this matter, please c              | all:  |   |
| Dorrion<br>Name o                      | Hansherry<br>f Person                        | at ( <u>813</u> ) <u>997-46</u><br>Area Code Daytim                 | En<br>e Telephone Number  |
| Enclosed is a check for th             | ne following amount:                         |   |   |
| 12 \$25.00 Filing Fee                  | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addres Registration S          |  | Street Address:<br>Registration Sec                                 | ction   |
| Division of C                          |  | Division of Cor   |   |
| P.O. Box 632                           |  | The Centre of T   |   |

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (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 |                     |
|---|---------------------|
| Florida document number <u>L400000208</u> .  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:                |                     |
| A. If amending name, enter the new name of the limited liability company here:  | signed              |
|   |                     |
| 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)   |                     |
|   |                     |
| 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 agent and/or the new registered office address here:                             | <u>w registered</u> |
| 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

| <u>Title</u> | Name        | Address | Type of Action |
|--------------|-------------|---------|----------------|
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|              |             |         | □Remove        |
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| (If an eff | ive date, if other than the date of filing:  |
|            | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed. |
| Dated      | May 2nd . 2024.  Signature of a member or authorized representative of a member  |
|            | Derrion Hansberry Typed or printed name of signee  |