

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000386024 3)))



H240003860243ABC5

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

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

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
DSUAREZDECOR LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMUEUX

NOV 25 2024

RECEIVED  
NOV 22 11:08  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED  
NOV 22 PM 1:11  
DIVISION OF STATE

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

DSUAREZDECOR 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 02/06/2024 and assigned  
Florida document number L24000067429

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)

13236 SW 201 ST TERR

MIAMI, FL 33177

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13236 SW 201 ST TERR

MIAMI, FL 33177

**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:

DAYLY SUAREZ

New Registered Office Address:

13236 SW 201 ST TERR

*Enter Florida street address*

MIAMI

*City*

Florida 33177

*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.

Dayly Suarez  
*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>                      |
|--------------|--------------|----------------------|--------------------------------------------|
| MGR          | DAYLI SUAREZ | 5225 SW 160TH AVE    | <input type="checkbox"/> Add               |
|              |              | MIAMI, FL 33185      | <input checked="" type="checkbox"/> Remove |
|              |              |                      | <input type="checkbox"/> Change            |
| MGR          | DAYLY SUAREZ | 13236 SW 201 ST TERR | <input checked="" type="checkbox"/> Add    |
|              |              | MIAMI, FL 33177      | <input type="checkbox"/> Remove            |
|              |              |                      | <input type="checkbox"/> Change            |
|              |              |                      | <input type="checkbox"/> Add               |
|              |              |                      | <input type="checkbox"/> Remove            |
|              |              |                      | <input type="checkbox"/> Change            |
|              |              |                      | <input type="checkbox"/> Add               |
|              |              |                      | <input type="checkbox"/> Remove            |
|              |              |                      | <input type="checkbox"/> Change            |
|              |              |                      | <input type="checkbox"/> Add               |
|              |              |                      | <input type="checkbox"/> Remove            |
|              |              |                      | <input type="checkbox"/> Change            |
|              |              |                      | <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.)*

## CHANGE ADDRESS

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be "effective date" or "as soon as possible")

**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 20

2024

Signature of a member or authorized representative of a member

DAYLI SUAREZ

Typed or printed name of signee