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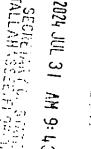
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PICK-UP	☐ WAIT	☐ MAIL
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Certified Copies	Certificates of	of Status
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Office Use Only



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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations			
CUBUCT	A&D HOM	IE DECOR LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing		
			_		
Please return	all correspo	ndence concerning this matter	to the following:		
		DINA MORALES			
			Name of Person		
		A&D HOME DECOR LL	С		
			Firm/Company		
		7232 NW 56 ST			
		-	Address		
		MIAMI, FL 33166			
			City/State and Zip Code		
		manager@aydhomedecor.c			
		E-mail address: (to be used for future annual report no	otification)	
For further in	nformation c	oncerning this matter, please c	all:		
DINA MORALES		786 906-8065			
Name of Person		Area Code Dayti	ime Telephone Number		
Enclosed is a	a check for th	ne following amount:			
□ \$25.00 F	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)	
	iling Addres		Street Address:	ection	
Registration Section Division of Corporations			Registration Section Division of Corporations		
P.C	D. Box 632	7		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Mont	roe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A&D HOME DECOR LLC		
(<u>Name of the Limi</u>	ted Liability Company as it now app (A Florida Limited Liability Compan	<u>jears on our records.</u>) y)
The Articles of Organization for this Limited L. Florida document number L24000100406		02/26/2024 and assigned
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name of	f the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the v	words "Limited Liability Company," the	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	
(Principal office address MUST BE A STREI	ET ADDRESS)	024 SE
	-	ώ · · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	R()Y)	F 9 1
maning duaress MAT BE AT OST OTTICE	<u> </u>	55 to
B. If amending the registered agent and/or agent and/or the new registered office addre		r records, enter the name of the new register
Name of New Registered Agent:	DINA MORALES	
New Registered Office Address:	7232 NW 56 ST	
	Enter	Florida street address
	MIAMI	, 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>	<u>Name</u>	Address	Type of Action
MGR	DINA MORALES	7232 NW 56 ST	= Add
		MIAMI, FL 33166	□Remove
			□Change
MGR	CARLOS SANCHEZ	4990 NW 102ND AVENUE, APT 201	□Add
		DORAL, FL 33178	■Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change

Page 2 of 3

. Effective date, if other than the d	07/16/2024 ate of filing: (optional)
(If an effective date is fisted, the date must) Note: If the date inserted in this bloc document's effective date on the Dep	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 is does not meet the applicable statutory filing requirements, this date will not be listed as
) The 90th day after the reco	
07/16/2024 Dated	ignature of a member or authorized representative of a member
170000	

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signce

COVER LETTER

TO:	Registration Se Division of Cor				
CUD IE		1E DECOR LLC			
SUBJE	UI:	Name of Lim	ited Liability Company		
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	indence concerning this matter	to the following:		
		DINA MORALES			
	Name of Person				
		A&D HOME DECOR LL	С		
Firm/Company					
7232 NW 56 ST					
			Address		
		MIAMI, FL 33166			
			City/State and Zip Code		
		manager@aydhomedecor.c	om to be used for future annual report notif	Fortion	
For furth	ner information o	oncerning this matter, please of	•	ncanon)	
		oncerning this matter, please co			
DINA N	MORALES ——		786 906-8065 at ()		
	Name o	f Person	Area Code Daytime	e Telephone Number	
Enclosed	d is a check for t	ne 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