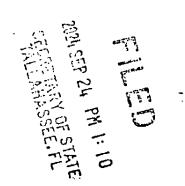


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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09/24/24--01033--009 ++25.00



COVER LETTER

TO:

Registration Section

Division	of Corporations		
	CO FLORIDA LLC		
SUBJECT:	Name of Liu	mited Liability Company	
The enclosed Artic	cles of Amendment and fee(s) are su	bmitted for filing.	
Please return all co	orrespondence concerning this matte	er to the following:	
	GINA ROCHA		
		Name of Person	
	G & R QUALITY BUSI	NESS SERVICES	
		Firm/Company	
	いた。 1434 WEST 44TH TERR		
	•	Address	
	HIALEAH, FLORIDA 3	33012	
	•	City/State and Zip Code	
	grqualityserviceslle@gma	il.com	
	E-mail address:	(to be used for future annual report notification)	
For further inform	ation concerning this matter, please	call:	
GINA ROCHA		305 987-9589	
:	Name of Person	at ()	
Enclosed is a chec	k for the following amount:		
■ \$25.00 Filing	Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)	
Division	ation Section n of Corporations	Street Address: Registration Section Division of Corporations	
P.O. Bo Tailaha	ox 6327 ssee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DECO FLORIDA LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears o Liability Company)	n our records.)	
The Articles of Organization for this Limited I Florida document number L24000266275	Liability Company	were filed on 06/11	/2024	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	oility company here	:	
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the desi	gnation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		8175 NW 107TH	AVENUE	
		#721		
		DORAL, FLORIE	OA 33178	
Enter new mailing address, if applicable:	8175 NW 107TH AVENUE			
(Mailing address MAY BE A POST OFFICE BOX)		#721 ————————————————————————————————————		
	DORAL, FLORID	A 33178		
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	JESUS DEGRI	EGORI	ords, <u>enter the na</u>	me of the new register
New Registered Office Address:	8175 NW 1077	TH AVENUE #721	street address	
	DORAL, FLO	2		33178
		City	, Florida _	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	ORIANA CORTEZ	8175 NW 107TH AVENUE #721	≅ Add
		DORAL, FLORIDA 33178	□Remove
			□ Change
			□ Add
			□ Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗖 Add
			□Remove
			Change
			□Add
		 	□Remove
			□ Change

D. If amending any other infor	mation, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
	
 	
-	
	
Note: If the date inserted in thi	the date of filing: Obligation (optional) must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(3) is block does not meet the applicable statutory filing requirements, this date will not be listed as the e Department of State's records.
If the record specifies a delayed efferecord is filed.	ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 9/10	, 2024
	Docoporto
	Signature of a member or authorized representative of a member
JESUS DEGREGO	
	Typed or printed name of signee

. . . .

Filing Fee: \$25.00