

L14000177031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

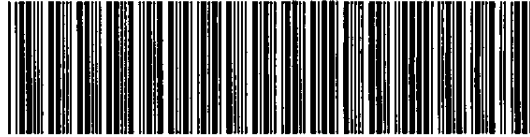
(Business Entity Name)

(Document Number)

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REGISTRAR & CLERK
ALABAMA

J. Stivers MAR 24 2015

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 4, 2015

MARIZA COSTA
3101 FAIRLANE FARMS RD SUITE 3
WELLINGTON, FL 33414

SUBJECT: JBENZC LLC
Ref. Number: L14000173031

We have received your document for JBENZC LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 015A00002275

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JBENZC LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mariza Costa
Name of Person

JBENZC LLC
Firm/Company

3101 Fairlane Farms Rd Suite #3
Address

Wellington, FL 33414
City/State and Zip Code

marizacosta46@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mariza Costa at (561) 312-7925
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

JBENZC 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 11/06/2014 and assigned Florida document number L14000173031.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The Shade Experts USA LLC

The new name must be distinguishable and end with 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)

3101 Fairlane Farms Rd.

Suite #3

Wellington, FL 33414

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3101 Fairlane Farms Rd

Suite #3

Wellington, FL 33414

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: _____

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

MAR 9 PM '14

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

5 MAR - 9 AM 2:00
 COMMERCIAL BANK OF LONDON
 11, FLEET STREET, LONDON, ENGLAND

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 17th, 2015.



Signature of a member or authorized representative of a member

Mariza Costa

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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RECEIVED
MAR 17 2015
STATE OF FLORIDA
DEPARTMENT OF STATE