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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BLINDS & WALL	S WINDOW TREATMEN	TS INC
DOCUMENT NUM	BER: P21000012581		
	of Amendment and fee are sul	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	ANDRES F OCHOA		
		Name of Contact Person	
	BLINDS & WALLS WINDO	W TREATMENTS INC	
		Firm/ Company	
	18071 BISCAYNE BLVAPT	• •	
		Address	
	AVENTURA, FL 33160		
		City/ State and Zip Code	
	andres@blindsandwalls.comp	oany	
	<u> </u>	ed for future annual report	notification)
For further information ANDRES F OCHOA	on concerning this matter, pleas		709-8517
Name	of Contact Person	Area Co	709-8517 de & Daytime Telephone Number
	or the following amount made		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

RUNDS & WALLS WINDOW TREATMENTS INC

(Name of Corporation as currently	filed with the Florida Dept. of State)
P21000012581	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006 , Florida Statutes, this F_0 its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	• ;
	, <u></u>
	
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	in a little in the little in t
Name of New Registered Agent	Dia I
	프
(Florida stree	address)
N D A LOTA ALL	Planta.
New Registered Office Address:	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent.—I am familiar wi	h and accept the obligations of the position.
	·
Signature of New Reg	istered Agent, if changing
· · · · · · · · · · · · · · · · · · ·	- v
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e	E C

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	LISANDRA GARCEL	1420 NE MIAMI PL APT 2009
X Add			MIAMI FL 33132
Remove			
2) Change			
Add			
Remove 3) Change		_	
Add			
Remove			
4) Change			
A dd			·
Remove			
5) Change			<u> </u>
Add			
Remove			
б) Change		_	
Add			
Remove			

an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		(Be specific)		
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04/14/2021	
The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
04/14/2021	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date widocument's effective date on the Department of State's records.	Il not be listed as th
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	d shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Dated Signature (By a director, president of other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
ANDRES F OCHOA	
(Typed or printed name of person signing)	 _
PRESIDENT	
(Title of person signing)	