K21000096460

| (Requestor's Name) |
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| |
| (Address) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
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| |
| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration S Division of Co | | | • |
|--------------------------------------|--|---|---|
| | BLINDS WINDOW SOLUTIO | NS LLC | • |
| SUBJECT: | Name of Lin | nited Liability Company | |
| • | | | |
| The enclosed Articles o | f Amendment and fee(s) are sub | omitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | FABIANA DE BARROS | | |
| | | Name of Person | |
| | LEGIT CONSULTING S | ERVICES LLC | |
| | | Firm/Company | |
| | 6735 CONROY WINDER | RMERE RD 233 | |
| | | Address | |
| | ORLANDO-FL 32835 | | |
| | | City/State and Zip Code | |
| | INFO@LEGITCS.COM | to be used for future annual report no | militant in A |
| For further information of | concerning this matter, please c | · | ottik anong |
| FABIANA DE BARRO | s | 407 2852290 | |
| Name (| of Person | Area Code Dayti | me Telephone Number |
| Enclosed is a check for t | he 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 | | <u>Street Address:</u> Registration S | ection |
| Division of C | Corporations | Division of Co | orporations |
| P.O. Box 632 Tallahassee, | | The Centre of 2415 N. Monr | Tallahassee oc Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMART BLINDS WINDOW SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)

1A Florida Limited Liability Company)

| The Articles of Organization for this Limited I Florida document number L21000096460 | | y were filed on <u>02/26/2021</u> | and assigned |
|---|--------------------------------|---|------------------------------------|
| This amendment is submitted to amend the fol | | | |
| A. If amending name, enter the new name of | C | hility aammany hama | |
| N/A | | | |
| The new name must be distinguishable and contain the | words "Limited Liab | ifity Company," the designation | 'LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | N/A | اثانیا اصع ات ات همی |
| (Principal office address MUST BE A STREET ADDRESS) | | | 元: |
| | _ | | • 1 |
| | | | P |
| Enter new mailing address, if applicable: | | N/A | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | | 12 |
| | | | |
| | | | |
| B. If amending the registered agent and/or agent and/or the new registered office addre | registered office ess here: | address on our records, <u>er</u> | nter the name of the new regi |
| B. If amending the registered agent and/or agent and/or the new registered office addressed agent: Name of New Registered Agent: | registered office ess here: | address on our records, <u>er</u> | nter the name of the new regis |
| agent and/or the new registered office addre | ess here: | | |
| agent and/or the new registered office address Name of New Registered Agent: | ess here: | address on our records, <u>er</u> Enter Florida street ac | |
| | ess here: | Enter Florida street ac | |

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 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 | MARCOS PAULO MARTINS | 201 MYSTIC BAY CT | = Add |
| | | GROVELAND-FL 34736 | □Remove |
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| ctive date, if other than the | date of filing: | (optional) ling or more than 90 days after filing.) Pursuant to 605.0 |
| ${f z}$ If the date inserted in this blo | ock does not meet the applicable statute | ory filing requirements, this date will not be listed |
| ament's effective date on the De | epartment of State's records. | |
| | | |
| ord specifies a delayed effective filed. | edate, but not an effective time, at 12:0 | H a.m. on the earlier of: (b) The 90th day after t |
| The di | | |
| JULY 29TH | 2021 | |
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| 100 de de 100 | 1 | |
| d JULY 29TH War in F. Mr. Daniele ternandes martins | | |