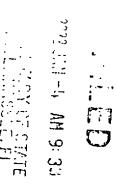
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Office Use Only



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## Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



### ORDER FORM

**TO** Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com

850.656.7953

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*	_^	I I COT	DATE	4 /4/2022
к	ru,		13016	1/4/2022
				11 11 2022

**PRIORITY** Regular Approval

OUR REF\_# (Order ID#) 986732

ORDER ENTITY

BLINDS GALORE AND MORE, LLC

PLEASE PERFORM THE			
BLINDS GALORE AND	MORE, LLC (	<u>FL)</u>	

File the attached amendment and provide a certificate of status.

NOTES:\_\_\_\_

\$30.00 Authorized

Email address for annual report reminders: [iblindsgaloreandmore1@gmail:com=

### RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, January 4, 2022 Page 1 of 1

# CocuSign Envelope ID: 498D2C37-2DA9-4EC4-98CC-979951B8C112 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

BLINDS GALORE AND MORE, LLC

( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number L04000058668	any were filed on August 6, 2004	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
KR ENTERPRISES OF SOUTHWEST FLORIDA, LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	7677
(Mailing address MAY BE A POST OFFICE BOX)		
		1
		3
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records, enter the name of	thenew registered
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
new registered office, tudies.	Enter Florida street address	_
	, Florida	
		p Code
New Registered Agent's Signature, if changing Registered Age	ent:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	ete performance of my duties, and I am famil as provided for in Chapter 605, F.S. Or, if th	iar with and is document is

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 498D2C37-2DA9-4EC4-98CC-979951B3C112
II amending Authorized rerson(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
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		<del></del>	□Remove
			Change
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			□Remove
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record specifies a delayed et	fective date, but n	ot an effective ti	me, at 12:01 a.m. c	on the earlier of: (b)	The 90th day after the
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ated January 3		2022 <del>- ` —∠—occusig</del> i	<del>red</del> by:		
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Filing Fee: \$25.00

Typed or printed name of signee