

LO5000049663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

LO5-49663

(Document Number)

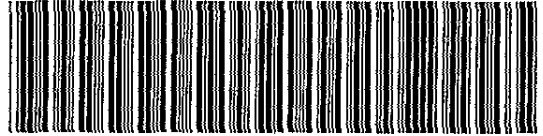
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

M. HODGES

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A.E.A Perfect Blinds Company 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:

Audra M Ibarra-Talavera
(Name of Person)

A.E.A Perfect Blinds Company
(Firm/Company)

15151 SW 15 Street
(Address)

Pembroke Pines, FL 33027
(City/State and Zip Code)

For further information concerning this matter, please call:

Audra M Ibarra-Talavera at (954) 655 0987
(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

A&A Perfect Blinds Company LLC
(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 05/19/2005 and assigned document number 105000049663

SECOND: This amendment is submitted to amend the following:

TO change: Manager / Member Detail
*AUDRA M IBARRA - TALAVERA
(Article IV) (Registered agent).

Registered Agent:

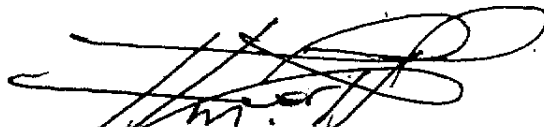
AUDRA M IBARRA - TALAVERA

15151 SW 15 STREET

*Pembroke Pines FL 33027.

(Article II) the street address and
mailing address

Dated 01/17/2006



Signature of a member or authorized representative of a member

Audra M Ibarra Talavera

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE FLORIDA

06 JAN 23 PM 12:56

FILED