# 104000060121

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(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE

106-60121



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 20, 2006

CHRISTINE FORRESTER 615 W. SMITH STREET ORLANDO, FL 32804

SUBJECT: GIRLS GONE BLIND INSTALLERS, LLC

Ref. Number: L06000060721

We have received your document for GIRLS GONE BLIND INSTALLERS, however, upon receipt of your document no check was enclosed. Please send check or money order payable to the Department of State for \$30.00.

The designation of the registered agent must be at a Florida street address.

The document must contain written acceptance by the registered agent, (i.e. thereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return 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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 806A00067539

# **COVER LETTER**

	tration Section on of Corporations		
SUBJECT:	Girls Gone Blind Installations, LLC		
	(Name of Limited Liability Company)		
The enclosed A	Articles of Amendment and fee(s) are submitted for filing.		
Please return a	Il correspondence concerning this matter to the following:		
		J. 2	
	Christine Forrester	2006 DEC -8 AM 10: 41 SECRETARY OF STATE TALLAHASSEE, FLORI	RS##
	(Name of Person)	至	100 E
		AR)	Ą
	Girls Gone Blinds	四年 臺	1
	(Firm/Company)	FLO FLO	
.•	615 W. Smith Street	REFE =	
0(3)	(Address)	<i>y</i> .	
1 8 J	615 W. Smith Street  (Address)  Orlando, FL 32804  (City/State and Zip Code)  ormation concerning this matter, please call:  istine Forrester  (Name of Person)  at (321) 251-7182  (Area Code & Daytime Telephone)		
	(City/State and Zip Code)	•	
三二草			
For further info	ormation concerning this matter, please call:		
Chr.	istine Forrester at ( 321 ) 251-7182		
	(Name of Person) (Area Code & Daytime Telephone	Number)	
Enclosed is a ch	eck for the following amount:		
\$25.00 Filing		00 Filing Fee,	
\$20,00 t mile	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified	ate of Status &	

#### **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 AFTENDMENT TO ARTICLES OF ORGANIZATION OF

Girle	Gone	Rlind	Inetal	lations.	LLC
CHIE	GUILE	DIIIIU	шыап	เสมเบบเธ.	

(Present Name) (A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on June 12, 2006 and assig document number L06000060721	ned	
SECOND:	This amendment is submitted to amend the following:  Please change the LLC name to Girls Gone Blinds LLC	SECRE	ZOOG DE O
	Please change the Registered Agent name to Christine Forrester	ARY ASSE	8
	TAXID # 15 NOW 20-5874995	OF STATE, FLORI	AM D:
		<u>S</u> m	
		····-	
No	ovember 8 , 2006 .		
Dated	, <u>2000</u> .		
	Signature of a member or authorized representative of a member		_
	Christine Forrester  Typed or printed name of signee		
	ryped or printed name or signee		

Filing Fee: \$25.00