## 211000015077

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C. GOLDEN MAY 1 3 2019

## COVER LETTER

TO: Registration Section **Division of Corporations** SOMERS DRAPERY CLEANERS OF SARASDTA, LLC SUBJECT: 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: JAMES M. FORD Name of Person SOMERS DRAPERY CLEANERS / BLIND SOLUTIONS Frm/Company 2029 PRINCETON ST. Address SARASOTA, FL 34237 City/Slate and Zip Code JIMFORD1943@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JIM FORD 941 3200098 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$\$5.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EIL ED

SOMERS DRAPERY CLEANERS OF SARASOTA, LLC

2019 MAY - 1 PM 3: 05

(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	. :1:
(//////////////////////////////////////	line of statemy company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on 02/01/2011	and assigned
Florida document number L11000015077	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
SOMERS DRAPERY CLEANERS / BLIND SOLUTIONS.	rc	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2029 PRINCETON ST.	
(Principal office address MUST BE A STREET ADDRE	SS) SARASOTA, FL 34237	
Enter new mailing address, if applicable:	2029 PRINCETON ST.	
(Mailing address MAY BE A POST OFFICE BOX)	SARASOTA, FL 34237	
B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent:		ter the name of the new
N D 1 100 100		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street address	
	PL 41	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	
I hereby accept the appointment as registered agent and 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 company has been notified in writing of this change.	plete performance of my duties, and I a t as provided for in Chapter 605, F.S.	um familiar with and Or, if this document is Ilmited liability
İ		

Page 1 of 3

If amending Authorized Person(s) authorized to manage or removed from our records:		manage, enter the title, name, an	e, enter the title, name, and address of each person being added	
MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			□ Remove	
			Change	
			□ Remove	
			□ Change	
			Add	
			Remove	
			☐ Change	
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		Remove		
			☐ Change	

. If amending any other information	on, enter change(s)	here: (Attach additional sheets, if necessary.)
<del> </del>		
	05/01/20	
Effective date, if other than the dat (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	does not meet the ap	(optional)  rior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(by the plicable statutory filing requirements, this date will not be listed as the rds.
the record specifies a delayed e ) The 90th day after the record	ffective date, but d is filed.	not an effective time, at 12:01 a.m. on the earlier of:
Dated	2019	
•	gnalture of a member or	uthorized representative of a member
JAMES FORD	Typed or p	rinted name of signee

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Filing Fee: \$25.00