

L11000132031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

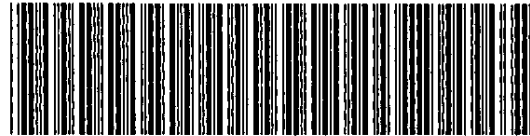
(Document Number)

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Amend

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2013 SEP -6 AM 8:32
STATE
FLORIDA

J. SAULSBERRY
EXAMINER

SEP 10 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Naples Blinds and Shutters, 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:

Amy B. Perrault ^{phone #} 413-478-6579
Name of Person
Naples Bay Blinds & Shutters, LLC
Firm/Company
420 Quail Forest Boulevard #619
Address
Naples FL 34105
City/State and Zip Code
amy@amybperrault.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Arciere, Jr. at 239 298-9072
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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Naples Blinds and Shutters, LLC

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

2013 SEP - 9 AM 8:32

The Articles of Organization for this Limited Liability Company were filed on November 21, 2011 and assigned
Florida document number L11000132031

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Naples Bay Blinds and Shutters, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

420 Quail Forest Boulevard
#619
Naples FL 34105

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

420 Quail Forest Boulevard
#619
Naples FL 34105

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Amy B. Perrault

New Registered Office Address:

420 Quail Forest Boulevard #619
Enter Florida street address
Naples, Florida 34105
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 608, 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.

Amy B. Perrault
Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Amy B. Perrault	420 Quail Forest Blvd #619 Naples FL 34105	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Joseph Arciere, Jr.	21 High Point Circle E #408 Naples FL 34103	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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AN 8:32
STATE OF FLORIDA
ASSOCIATION OF REALTORS

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated August 3, 2013

QCLQ

Signature of a member or authorized representative of a member

Joseph Arciere

Typed or printed name of signee

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Filing Fee: \$25.00

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FALL
2013