

L14000092035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED  
2014 JUL -8 AM 10:25  
TALLAHASSEE, FLORIDA

N. Culligan JUL -8 2014

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: **BUDDAH PVC AND BLINDS 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:

**Tharwat Monem**

Name of Person

**Buddah pvc and blinds llc**

Firm/Company

**2809 sw 21 st**

Address

**Miami, Fl. 33145**

City/State and Zip Code

**tmonem1@bellsouth.net**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Tharwat Monem**

Name of Person

at **(786) 230-7211**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 25, 2014

THARWAT MONEM  
2809 SW 21 ST  
MIAMI, FL 33145

SUBJECT: BUDDAH PVC AND BLINDS, "LLC"  
Ref. Number: L14000092035

We have received your document for BUDDAH PVC AND BLINDS, "LLC" and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 114A00013782

FILED

2014 JUL -8 AM 10: 25

BUDDAH PVC &amp; BLINDS LLC

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

DEPT. OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on JUNE 9, 2014 and assigned Florida document number L14000092035

This amendment is submitted to amend the following:

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

American Pvc & Blinds 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)**

**Enter new mailing address, if applicable:**

*(Mailing address MAY BE A POST OFFICE BOX)*

**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:

**New Registered Office Address:**

Enter Florida street address

## Florida

(188)

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 605, 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.*

**If Changing Registered Agent, Signature of New Registered Agent**

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

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

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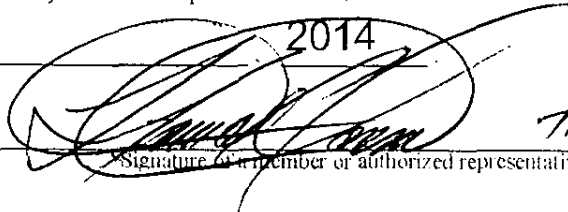
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

*(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)*

Dated June 19

2014



THARWAT ALONEM

Signature of a member or authorized representative of a member

Typed or printed name of signee

FILED  
2014 JUL -8 AM 10:25  
TALLAHASSEE, FLORIDA