L14000094253

(Re	equestor's Name)	<u> </u>
(Ad	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone #	¥)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Name	e)
(De	ocument Number)	<u> </u>
Certified Copies	Certificates of	of Status
Special Instructions to	Filing Officer:	

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14 JUN 20 PH 3: 07

SECRETARY OF STATE

JUN 2 0 2014

T. BROWN

COVER LETTER

TO:

Registration Section .
Division of Corporations

BEST BLINDS & SHUTTERS, 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:

JOEL GARCELL		
Name of Person		
BEST BLINDS & SHUTTERS, LLC		
Firm/Company		
15034 SW 88 LANE		
Address		
MIAMI, FL 33196		
City/State and Zip Code		
joelgarcell@yahoo.com		
E-mail address: (to be used for future annual report notification)		

For further information concerning this matter, please call:

Joel Garcel	oel C	arc	el
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_{at} 786, 4612612

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 ALLANDO PH 3: OF THE ORIGINAL PH 3

BEST BLINDS & SHUTTERS, LLC

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

		ALD.
he Articles of Organization for this Limited Liability Company	were filed on 06/12/2014	and assigned
orida document number L14000094253		
iorida document number		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	nility company here:	
	water company note.	
PREMIER BLINDS & SHUTTERS, LLC The new name must be distinguishable and end with the words "Limited Lial"	hilin Company "the decignation "I I C" or t	the obbreviation "L. I. C."
ne new name must be distinguishable and end with the words. Limited Lia	binty Company, the designation LLC of t	ne aboreviation 15.15.C.
Enter new principal offices address, if applicable:	15034 SW 88 LANE	
Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33196	
24 11 16 17 11.	P.O. BOX 961596	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33296	
3. If amending the registered agent and/or registered of		ter the name of the
registered agent and/or the new registered office address he	<u>re</u> :	
.1.		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florida	Zip Code
	CHY	Tib Comp

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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
NA	N/A	NA NA	Add
'			□ Remove
			□ Add
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			<u> </u>
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			Remove

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Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State)	d cannot be more than 90 days after
Dated June 17 2014	
Hard	
Signature of a member or authorized repr	esentative of a member
Typed or printed name of	signee

Page 3 of 3

Filing Fee: \$25.00