

L15000186291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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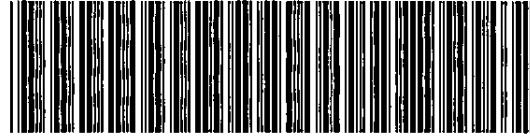
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 DEC 16 AM 11:45

FILED

K. SALY  
EXAMINER

DEC 18 2015

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** The Blind and Shutter Company, 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:

Terri L Berry

\_\_\_\_\_  
Name of Person

The Blind and Shutter Company, LLC

\_\_\_\_\_  
Firm/Company

4250 Dow Road, Unit 308

\_\_\_\_\_  
Address

Melbourne, FL 32934

\_\_\_\_\_  
City/State and Zip Code

terri@theblindandshutterco.com

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

For further information concerning this matter, please call:

Terri L Berry

321 720-6380  
at ( )

\_\_\_\_\_  
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**

The Blind and Shutter Company, LLC

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

FILED  
2015 DEC 16 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/1/2015 and assigned  
Florida document number L150000186291.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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 \_\_\_\_\_  
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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
AMBR	Terri L. Berry	490 Saragassa Avenue SW	<input checked="" type="checkbox"/> Add
		Palm Bay, FL 32908	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Robert J. Berry Jr.	490 Saragassa Avenue SW	<input checked="" type="checkbox"/> Add
		Palm Bay, FL 32908	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

2015 DEC 16 AM 10:45  
 FILED  
 JACOB E. BERRY  
 SECRETARY OF THE  
 FLORIDA AIRCRAFT  
 MODEL ASSOCIATION

2015 DEC 18  
RECEIVED  
FALLASSEE FLORIDA

FILED  
20 DEC 16 AM 11:45  
U.S. DEPT OF JUSTICE  
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FALLS CHURCH, VIRGINIA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated December 11, 2015

ick AR  
Signature of a member or authorized representative of a member

Robert J. Berry

Typed or printed name of signee