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To: Division of Corporations Fax Number : (850) 617-6383 From: Account Name : CORP USA Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696 nter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUNRISE CUSTOM BLINDS LLC

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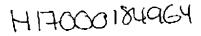
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SUNRISE CUSTOM BLINDS LL	С		The Hand
(Name of the Lim	ited Limitlity Compact (A Florida Limited L	iy as if now appears on our restilly Company)	scords)
The Articles of Organization for this Limited I. Florida document number L16000212841	iability Company v	were filed on 11/21/2016	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	f the limited liabil	itv company hero;	2
The new name must be distinguishable and contain the v	words "Limited Liabili	y Company," the designation	'LLC' or the abbreviation 'L.L.C."
Enter new principal offices address, if applic	:able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
	e e e	-	
Enter new mailing address, if applicable:			·
(Mailing address MAY RE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and registered agent and/or the new registered of			ords, enter the name of the new
Name of New Registered Agent:	LUZ OROZCO		
New Registered Office Address:			
		Enter Florida street ad	dress
			Plorida
		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

Page 1 of 3

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 Type of Action Address Title Name JUAN CRUIZ 14874 CABLESHIRB WAY MGR \_□ Ađd ORLANDO, FL 32824 Remove \_ Change 14874 CABLESHIRE WAY MOR YARA PIZARRO □ Add ORLANDO, FL 32824 Remove □ Change LbA □ ☐ Remoyo Change □ Add □ Reniove \_☐ Change DbA 🖸 □ Romove Change □ Add

Page 2 of 3

Remove

Change

). U ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note: 1	ve date, if other than the date of filing:  (optional)  ctive date is listed, the date must be specific and cannot be prier to date of filing or more than 90 days after filing.) Pursuant to 605  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed in the Department of State's records.	.0267 (3)(b) :d as the
the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies 90th day after the record is filed.	ır of:
Dated_	July 14 , 2017	
	LUZ OYOZCO	
	Typed or printed name of signee	
	Page 3 of 3 H 17000 1840	764
	Filing Fee: \$25.00	

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