117000110508

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J. LEGGETT

COVER LETTER

SURJECT: BL	inds Floors	and All, LC	_
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Andr	cs f. Velcz	
	Blinds f	-loors and All, a	216
		t nin company	
	19575 NW 5	S which place	
			<u> </u>
	Miami,	Florida 3305	3
	blinds floo	Florida 3305. City/State and Zip Code rsand ALLA GM	il.com
	E-mail address: (t	to be used for future annua deport notif	ication)
For further information co	oncerning this matter, please ca	all:	
Andres	Velez	at (786) 414- (0526
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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:

TO:

Registration Section Division of Corporations

> 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**

Blinds Floors	and ALL, LLC
(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>L 17000110508</u>	pany were filed on $05/18/2017$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited Artcc Blinds,	LLC
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreyiation "LLC."
Enter new principal offices address, if applicable:	·
(Principal office address MUST BE A STREET ADDRES	SS) = = = = = = = = = = = = = = = = = =
·	· · · · · ·
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	5.0
B. If amending the registered agent and/or registered agent and/or the new registered office address	ed office address on our records, enter the name of the news shere:
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 A	gent:

N

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>Title</u>	Name	Address	Type of Action
			Add
			☐ Remove
			Change
			Remove
			☐ Change
			Add
		 	Remove
			Change
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			□ Change
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	if other than t is listed, the date : e inserted in this ctive date on the	must be specific a s block does no	and cannot be po t meet the app	licable statuto	ing or more than	(option 90 days after the ements, this	iling.) l	Pursuant t	o 605.0.
nn effective date ote: If the date				not an effe	ctive time	nt 12:01 a.	m. o	n the e	arlier
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Filing Fee: \$25.00