L18000060732

(Re	equestor's Name)	
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(Ad	idress)	
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(Cit	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	Registration So Division of Cor			
end iez		URRENT AR MEMBERS TI	TLÉ	
SUBJECT:Name of Limited Liability Company				
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		ALFREDO FUENTES		
			Name of Person	
		COLOSAL BLINDS AND	SHADES LLC	
			Firm/Company	
		11765 NW 1ST CT		
		-	Address	
		CORAL SPRINGS, FL 3	3071	
			City/State and Zip Code	
		afuentes@colosalblindsa	ndshades.com to be used for future annual report notif	fication)
For furth	er information c	concerning this matter, please ca		
ALFRE	OO FUENTES		954 323-3036	
	Name o	of Person		e Telephone Number
Enclosed	is a check for t	he following amount:		
□ \$25.0	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 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

COLOSAL BLINDS AND SHADES LLC

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

(11) White Shires Sh	ompany)	
The Articles of Organization for this Limited Liability Company w	ere filed on 03/082018	and assigned
Florida document number L18000060932		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili		B FIL
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or t	herabbreviation "L"
Enter new principal offices address, if applicable:		P D
(Principal office address MUST BE A STREET ADDRESS)		بي تي
		5 7 7 7 P
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 here: Name of New Registered Agent:	ce address on our records, <u>en</u>	iter the name of the new
New Registered Office Address:		
	Enter Florida street address	
	, Florida	ı
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and 1 c ovided for in Chapter 605, F.S.	am familiar with and Or, if this document is

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>	Address	Type of Action
MGR	ALFREDO FUENTES	11765 NW 1ST CT, CORAL SPRINGS,	3307 [†] ■ Add
			Remove
			Change
MGR	JOSE PUERTO	4005 W MCNAB RD UNIT C107, POHPAN	O BGACH 69 ■ Add
			Remove
			Change
			Remoye
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			Remove 7
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			☐ Remove
			□ Change

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Signature of a member or authorized representative of a member	(Queuf	
		chature of a member or authorized representative of a men	nber
	ALFREDO FUENTES		

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Filing Fee: \$25.00