L18000107777

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COVER LETTER

TO:

Registration Section

Division of Co	orporations			
	'ENTURES, LLC			
SUBJECT:	Name of Lim	ited Liability Company	·	
	of Amendment and fee(s) are sub- pondence concerning this matter			
	Roberta G. Vidal			
		Name of Person		-
	Vidal Ventures, LLC			
		Firm/Company		-
	4104 N. River ViewAv			•~~
		Address	1.4.4	ا الله الله الله الله الله الله الله ال
	Tampa, FL 33607			
		City/State and Zip Code	<u>.</u>	- ဆဲ
	vidalshutters@gmail.com			17. 17. 17.
	E-mail address: (to be used for future annual report notif	fication)	
For further information	concerning this matter, please c	all:		-
Roberta Vidal		813 601-1068		
Name	e of Person		e Telephone Numbe	r
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)	Certified	ite of Status &
P.O. Box 6	n Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Fallahassee e Street, Suite 8	310

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vidal Ventures, L.L.C.		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our record ited Liability Company)	<u>ds.</u>)
he Articles of Organization for this Limited Liability Comp	pany were filed on 10/06/2023	and assigned
orida document number L18000107777		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	liability company here:	
idal Shutters and Blinds, LLC		
ne new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u>s</u>)	27
nter new mailing address, if applicable:		င္သ
Agiling address MAY BE A POST OFFICE BOX		
. If amending the registered agent and/or registered of gent and/or the new registered office address here:	fice address on our records, <u>enter</u>	r the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	rss
	, F	lorida
	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>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
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	e specific and cannot be prior to date of filir		ing.) Pursuant to 605.
If the date inserted in this block iment's effective date on the Department's effective date on the Department.	c does not meet the applicable statutor artment of State's records.	y filing requirements, this da	ate will not be liste
ord specifies a delayed effective d filed.	ate, but not an effective time, at 12:01	a.m. on the earlier of: (b)	The 90th day after
November I	, 2023		
	Mit and	<i>a</i> 0)	
	Hilletta Mes gnature of a member or authorized represe	lal	