## K21 000 194691

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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: Lake (	close Blinds and	Shades ILC	
		nited Liability Company	<del></del>
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Wil Orelus		
		Name of Person	
	Jake Nova Hinds	and Stades	m. 3
	Q 30 0 (2) (3) (3)	Firm/Company	2021
	89 <b>4</b> 3 Sperry S	t Orlando, Flonda 3282 Address	2021 JUN 21
	Ophido,	Florida 32824 City/State and Zip Code	
	Berttrovillet 297	City/State and Zip Code  Yai   com to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please c		
Wil Orelus	<u>-</u>	at ( <u>786)</u> 64315 (	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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		Street Address:	
Registration Section		Registration Sect	
Division of Corporations P.O. Box 6327		Division of Corp The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

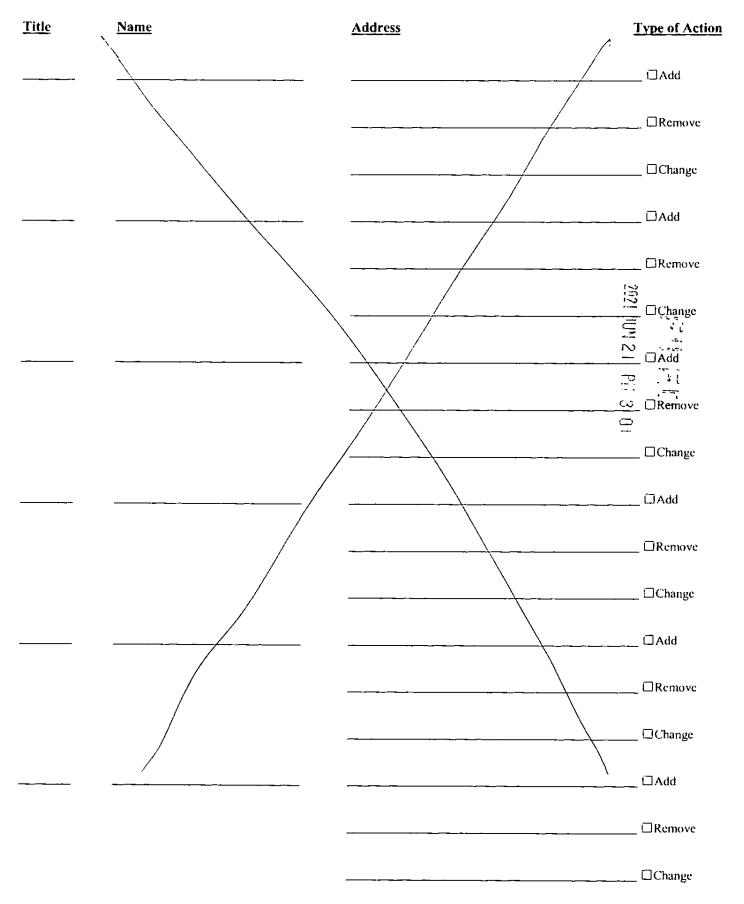
Jake Nona Blinds and St (Name of the Limited Liability Comp	fucles JLC pany as it now appears on our records.) I Liability Company)
	· · ·
The Articles of Organization for this Limited Liability Company	y were filed on 0421 2021 and assigned
Florida document number <u>L21000194691</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
Nona Blinds and Strades LLC	
The new name must be distinguishable and contain the words "Limited Liab	
Enter new principal offices address, if applicable:	8973 Sperry St Grlando, Florida 32827
(Principal office address MUST BE A STREET ADDRESS)	
	22
Enter new mailing address, if applicable:	2
(Mailing address MAY BE A POST OFFICE BOX)	-0,1.
	747 W 56
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
agent unasor the new registered office address here.	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Clasida
<del></del>	, Florida

## 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 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



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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to e:  If the date inserted in this block does not meet the application ument's effective date on the Department of State's records.	o date of filing or more than 90 days after	tional) er filing.) Pursuant i nis date will not b	to 605.020 e listed a
cord specifies a delayed effective date, but not an effective tir filed.	ne, at 12:01 a.m. on the earlier of: (	(b) The 90th day	after the
ed June 16th 2021.  Signature of a member or author			

CIL E #35.00