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PICK-UP WAIT MAIL	
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T. MATTHEWS JAN 31 2022

## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	SHADENSTYLE WINDOW TREATMENTS, LLC			
		Name of Limi	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	i all correspo	ndence concerning this matter	to the following:	
		PETROVA, STANISLAVA	4	
			Name of Person	
SHADENSTYLE WINDOW TREATMENTS, LLC				
			Pirm/Company	<del></del> _
		7255 BEE RIDGE RD		
		<del></del>	Address	
		SARASOTA, FL 34241		
			City/State and Zip Code	,
		snswindowtreatments@gm;	il.com	
		E-mail address: (t	o be used for future annual r	eport notification)
For further is	nformation c	oncerning this matter, please ca	uli:	
PETROVA,	STANISLA	VA	941 274 at ( )	- 6347
	Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encla	Certificate of Status &
	iling Addres		Street Ad	
	gistration S vision of C	Section orporations		tion Section of Corporations
	D. Box 632	-		tre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

22 11 24 1110: 27

SHADENSTYLE WINDOW TREATMENTS, LLC

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

	were filed on May 28, 2021 and assigned		
Florida document number 1.21000251855			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	1077 INNOVATION AVENUE		
(Principal office address MUST BE A STREET ADDRESS)	UNIT 110		
(Trincipal office dataless brost be A STREET ADDRESS)	NORTH PORT FL. 34289		
Enter new mailing address, if applicable:	1077 INNOVATION AVENUE		
(Mailing address MAY BE A POST OFFICE BOX)	UNIT 110		
	NORTH PORT FL, 34289		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>		
Name of New Registered Agent:  New Registered Office Address:			
New Registered Office Address:	Enter Florida street address		
	Enter Florida street address , Florida Cuy Zip Code		
	, Florida Cuy Zip Code		

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
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		<del></del>	□Remove
			Change
			□Add
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ord specifies a delayed effective filed.	date, but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after th
JANUARY 13	2022		<i>p.</i> —	
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