

L220000039017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

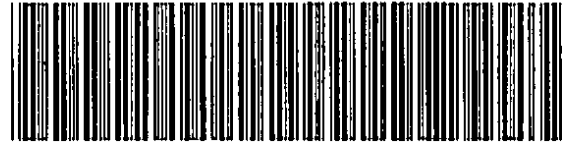
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FILED
DIVISION OF CORPORATIONS
22 AUG 15 AM 11:33

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blind Doctor LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tomas Carrillo Vega

Name of Person

Blinds Doctor LLC

Firm/Company

200 NW 87 Ave Suite J223

Address

Miami Florida 33172

City/State and Zip Code

dilis66@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tomas Carrillo Vega

305

394-4808

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

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)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

22 AUG 15 AM 11:33

FL
DIVISION OF STATE
DIVISION OF CORPORATIONS

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

Blind Doctor LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/20/2022 and assigned
Florida document number L22000039017.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Blinds Doctor LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

200 NW 87 Ave Suite J223

(Principal office address MUST BE A STREET ADDRESS)

Miami Florida 33172

Enter new mailing address, if applicable:

200 NW 87 Ave Suite J23

(Mailing address MAY BE A POST OFFICE BOX)

Miami Florida 33172

CLERK OF COURT
DIVISION OF CORPORATION
22 AUG 15 AM 1:33

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Tomas Carrillo Vega

New Registered Office Address:

200 NW 87 Ave Suite J223

Enter Florida street address

Miami

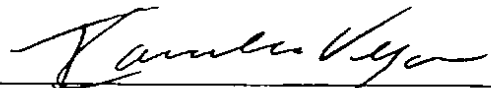
City

Florida 33172

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Tomas Carrillo Vega	200 NW 87 Ave Suite J223	<input type="checkbox"/> Add
		Miami Florida 33172	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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22 AUG 2011
 10:33 AM
 DIVISION OF CORPORATION
 STATE OF FLORIDA

22 AUG 15 AM 11:33

22 AUG 15 AM 11:33

1. CONTACT OF STATE
DIVISION OF CORRECTIONS

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 5th, 2022

Theresa Vega

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00