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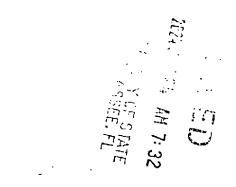
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

WALLDECOR & BLINDS SERVICES LLC SUBJECT: 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: ROMERO, CARLA M Name of Person Firm/Company 9198 Grand Canal Drive Address Frisco, TX 75033 City/State and Zip Code carlitamariaro@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ROMERO, CARLA M Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WALLDECOR & BLINDS SERVICES LLC	
(Name of the Limited Liability Company a (A Florida Limited Liab	is it now appears on our records.) ility Company)
The Articles of Organization for this Limited Liability Company we	Elad on 02/28/2022
	re filed on and assigned
Florida document number L22000103954	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
WALLDECOR SERVICES L.L.C	
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:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
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-	—————————————————————————————————————
D. T.C	11 4 4 4 4 4
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	ress on our records, enter the name of the new regis
gent and/or the new registered office address neve-	
•	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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 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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ective date, if other than the date of filing:		(- 4 N		
effective date is listed, the date must be specific and cannot be prior to date of fil	ing or more than 90 da	(optional) lys after filing.) Pu	ırsuant to	605.0
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ed 05/28/2024, Julya Kull Signature of a member or a pithorized repress	entative of a member	-		_