

K22000124326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

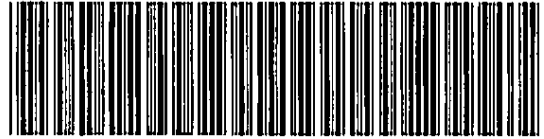
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL
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CLERK OF THE
COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NUBILA BLINDS 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:

CRISTIAN C. BEDOYA

Name of Person

NUBILA BLINDS LLC

Firm/Company

6503 BROOKWOOD BOULEVARD

Address

TAMARAC, FL. 33321

City/State and Zip Code

FONTANA@LCFCPA.COM

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

For further information concerning this matter, please call:

LUCIANO C FONTANA

954 366-5253
at () _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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ALLAHASSEE, FI

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

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	JESSICA GIRALDO	6503 BROOKWOOD BLVD	<input checked="" type="checkbox"/> Add
		TAMARAC, FL, 33321	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIANA GIRALDO	6503 BROOKWOOD BLVD	<input type="checkbox"/> Add
		TAMARAC, FL, 33321	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

CRISTIAN BEDOYA 99%

JESSICA GIRALDO 1%

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2022 JUN 21 PM 4:03
STATE OF FLORIDA
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JUNE 16, 2022

Signature of a member or authorized representative of a member

CRISTIAN BEDOYA

Typed or printed name of signee