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COVER LETTER

TO:

	egistration Se ivision of Cor			
CUD IF CT		BLINDS LLC .		
SUBJECT	:	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	m all correspo	ndence concerning this matter	to the following:	
		CRISTIAN C. BEDOY	Α	
		·	Name of Person	
		NUBILA BLINDS LLO		
			Firm/Company	
		6503 BROOKWOOD B	OULEVARD	
			Address	
		TAMARAC, FL. 33321		
			City/State and Zip Code	
		FONTANA@LCFCPA.		
		E-mail address: (to be used for future annual report not	ification)
For further	information c	oncerning this matter, please co	all:	
LUCIANO C FONTANA			954 366-5253 at ()	
	Name o	l'Person	Area Code Daytin	ne Telephone Number
Enclosed is	s a check for th	ne 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)
	lailing Addres		<u>Street Address:</u> Registration Se	ection
Registration Section Division of Corporations			Division of Co	
P	.O. Box 632	7	The Centre of	Γallahassee
T	allahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN 21 PM 4: 03

NUBILA BLINDS 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 03-11-2022 _____ and assigned Florida document number _____1.22000124326 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address City

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JESSICA GIRALDO	6503 BROOKWOOD BLVD	≘ Add
		TAMARAC. FL, 33321	□Remove
			□Change
MGR	MARIANA GIRALDO	6503 BROOK WOOD BLVD	□Add
		TAMARAC, FL, 33321	■Remove
			□Change
			Add
			□Remove
			□Change
_			□Add
			□Remove
			□Change
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JESSICA GIRALDO	1%					-	
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ecord specifies a delayed effe	ctive date, but	not an effect	ive time, at 1	2:01 a.m. on t	ne carlier of: (b) The 90th	day after t
is filed.) ,				
JUNE 16		2022	1				
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Filing Fee: \$25.00