

5/9/23, 4:14 PM

Division of Corporations

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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To:

Division of Corporations  
 Fax Number : (850)617-6383

From:

Account Name : E & F LATIN GROUP LLC  
 Account Number : I20160000049  
 Phone : (954)384-8565  
 Fax Number : (954)385-5175

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: support@eflatinaccounting.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**BLINDS AND SHADES BY ALE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

2023 MAY -9 PM 5:26

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **BLINDS AND SHADES BY ALE 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:

**DIEGO FIGUEROA**

Name of Person

**E & F LATIN GROUP LLC**

Firm/Company

**1820 N CORPORATE LAKES BLVD SUITE 109**

Address

**WESTON, FL 33326**

City/State and Zip Code

**DIEGO@EFLATINACCOUNTING.COM**

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

For further information concerning this matter, please call:

**DIEGO FIGUEROA**

**954 384 8565**

Name of Person

at ( )

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 201  
Tallahassee, FL 32304

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLINDS AND SHADES BY ALE 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 03/29/2022 and assigned  
Florida document number L22000126151.

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:

1021 NW 104 AVE

(Principal office address MUST BE A STREET ADDRESS)

PLANTATION, FL 33322

Enter new mailing address, if applicable:

1021 NW 104 AVE

(Mailing address MAY BE A POST OFFICE BOX)

PLANTATION, FL 33322

**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, Florida

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>
AMBR	JOSE FRANCISCO CARVAJAL	1021 NW 104 AVE	<input type="checkbox"/> Add
		PLANTATION, FL 33322	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ALEJANDRA LOPEZ	1021 NW 104 AVE	<input type="checkbox"/> Add
		PLANTATION, FL 33322	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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**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.

*Piero Tigueroa*  
Signature of a member of authorized repres

Signature of a member or authorized representative of a member

Typed or printed name of signee