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	Requestor's Name)
٩)	Address)
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(C	Dity/State/Zip/Phone #)
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(E	Business Entity Name)
(C	Document Number)
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COVER LETTER

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Tallahassee, FL 32314

TO: Registration Division of Co					
MANHA SUBJECT: -/	TTAN [®] BLINDS G LLC	•	,		
SUBJECT:		ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corres	nondence concerning this matter	to the following:			
	MILAGROS VILORIA				
		Name of Person			
		Firm/Company			
	2574 N UNIVERSITY DF	R SUITE 207A			
		Address			
	SUNRISE FL, 33322				
		City/State and Zip Code			
	E-mail address: (to be used for future annual report r	notification)		
For further information	concerning this matter, please c	all:			
MILAGROS VILORIA		954 3910812 at ()			
Name of Person		Area Code Day	time 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 tadditional copy is enclosed		
<u>Mailing Addr</u> Registration		<u>Street Address:</u> Rogistration			
Division of	Corporations	Registration Section Division of Corporations			
P.O. Box 63			f Tallahassee		

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

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION** FILED OF 2022 JUN 13 AH 8: 21 MANHATTAN BLINDS G 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 $\frac{05/26/2022}{2}$ Florida document number 1.22000245176 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 "LLC." 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

_, Florida _____

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.

City

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
AMBR	JORGE VELASQUEZ	4511 CARAMBOLA CIR S	🛱 Add
		COCONUT CREEK FL, 33066	
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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.

JUNE Dated	ALAN
_	Signature of a member or authorized representative of a member
	filagos Oibria
	-Dyped or printed name of signee