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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Co	rporations			
SANTANA SUBJECT:	A CHIRINO WINDOWS SHA	DES, LLC		
SOUJECT,				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Darenis Chirino			
		Name of Person		-
		Firm/Company		-
	13330 NW 12TH CT			
		Address		-
	Sunrise, FL 33323			20°
	scwindowsshades@gmail.c	City/State and Zip Code		2022 SEP 23 PM 2: 46 SECRETARY OF STATE STALLAHASSEE. FIL
	E-mail address: (to be used for future annual report notifica	tion)	77.77
For further information c	oncerning this matter, please e	all:		79.03 79.03 79.03
Darenis Chirino		786 556-2067		Elico 12
Name o	f Person		elephone Number	- Fin 6
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Address Registration S	Section	Street Address: Registration Section Division of Compa		
Division of C	orporations	Division of Corpo	Lations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SANTANA CHIRINO WINDOWS SHADES, 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 __08/29/2022 and assigned Florida document number L22000378364 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 abbie interest in the contain the words "Limited Liability Company," the designation "LLC" or the abbie interest in the contain the words "Limited Liability Company," the designation "LLC" or the abbie interest in the contain the words "Limited Liability Company," the designation "LLC" or the abbie interest in the contain the words "Limited Liability Company," the designation "LLC" or the abbie interest in the contain the words "Limited Liability Company," the designation "LLC" or the abbie interest in the contain the words "Limited Liability Company," the designation "LLC" or the abbie interest in the contain the words "Limited Liability Company," the designation "LLC" or the abbie interest in the contain the words "Luc" or the abbie interest in the contain the words "Luc" or the abbie interest in the contain the words "Luc" or the abbie interest in the contain the words "Luc" or the abbie interest in the contain the words "Luc" or the abbie interest in the contain the words "Luc" or the abbie interest in the contain the con 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:

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 Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

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
MGR	Darenis Chirino	13330 NW 12TH CT, Sunrise FL 33323	
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Filing Fee: \$25.00