

L23 000 201 734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

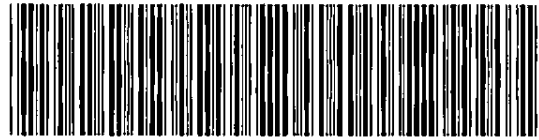
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2023 JUN 26 PM 9:27

2023 JUN 26 AM 8:11

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Dependable Blind Installation, 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:

Ronnie Robertson

\_\_\_\_\_  
Name of Person

Dependable Blind Installation, LLC

\_\_\_\_\_  
Firm/Company

9580 SE 161 Street

\_\_\_\_\_  
Address

Summerfield, Florida 34491

\_\_\_\_\_  
City/State and Zip Code

ronnierobertson26@yahoo.com

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

For further information concerning this matter, please call:

Ronnie Robertson

503

784-2440

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Dependable Blind Installation, 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 April 24, 2023 and assigned  
Florida document number L23000201734.

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)**

9580 SE 161 Street

Summerfield, Florida 34491

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

9580 SE 161 Street

Summerfield, Florida 34491

**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:

Ronnie Robertson

New Registered Office Address:

9580 SE 161 Street

*Enter Florida street address*

Summerfield

Florida 34491

*City*

*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>
MGR	Rhonda B. James	1025 Ibises Court	<input type="checkbox"/> Add
		The Villages, Florida 32162	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ronnie Robertson	9580 SE 161 Street	<input type="checkbox"/> Add
		Summerfield, Florida 34491	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Please change Ronnie Robertson from current/initial "Authorized Person", to current Manager.

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2023 JUN 26 11 09:27  
STANFORD UNIVERSITY  
TALLMAN DRIVE

(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)

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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.

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 Monday, June 26 2023

Signature of a member or authorized representative of a member

Ronnie Robertson

Typed or printed name of signee