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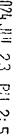
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Florida Limited Liability Company 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:
Fabian Foul Oa.
Florida WWY Blinds.
150 Winter Park Ln
City/State and Zip Code Soles Of Hondon you block - Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Valentina San - Martin at (Sol) 410 - 8812 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\Bigcup \text{\$\frac{1}{2}} \$\fr

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

Florica Ly (Name of the Limited	Liability Company a	s it now appears on our lity Company)	records.)	_ _
The Articles of Organization for this Limited Liab Florida document number <u>L23000222</u> :	oility Company wei	re filed on	2023	and assigned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of t	he limited liability	company here:		
The new name must be distinguishable and contain the work Enter new principal offices address, if applicab		Company," the designatio	n "LLC" or the abbrev	iation "L.L.C."
(Principal office address MUST BE A STREET	ADDRESS)			202
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BE				
B. If amending the registered agent and/or reg agent and/or the new registered office address	gistered office add here:	ress on our records,	enter the name of	্ৰা f the new registered
Name of New Registered Agent: New Registered Office Address:	Fabian 150 W West Pal	Figuer n ter Par Enter Florida street M Becch	, Florida <u> </u>	3410 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

atticitating #	ny other information, e	nter change(s) h	ere: (Attach addin	anal share se	
				onut sneets, if neces.	iary.)
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ctive date,	f other than the date of	filing:	lo date of filing or me	(option	al)
e: II the dati	inserted in this block does tive date on the Departmen	not meet the appin	able statutory filing	requirements, this d	ing.) Pursuant to 605,020 ate will not be listed a:
ord specifies filed.	a delayed effective date, bu	t not an effective t	ime, at 12:01 a.m. c	n the earlier of: (b)	The 90th day after the
1F b	23/2024				

Filing Fee: \$25.00