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(Requestor's Name)					
(Address)					
(Address)					
(
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Basiliess Eliki, Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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' TO:

Registration Section Division of Corporations

CUDIECT.	Noble Blin	dsd and Shutters LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Hamid Maherinia		
			Name of Person	
		Noble Blinds and Shutters	LLC	
			Firm/Company	
		5417 Ferrol Dr		
			Address	
		Winter Park, FL 32792		
			City/State and Zip Code	
		nobleblindsandshutters@gn		<u> </u>
			to be used for future annual report notif	fication)
For further is	nformation c	oncerning this matter, please co	all:	
Hamid Mahe	erinia		407 4904400 at ()	
Name of Person		f Person	Area Code Daytime	e Telephone Number
Enclosed is a	a check for th	he following amount:		
≡ \$25.00 F	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		Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T	porations

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>	Type of Action
MGR	Alireza Hajibagheri	525 Rochester St, Oviedo, FL 32765	≣∧dd
			□Remove
			□Change
			□Add
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