(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## · COVER LETTER

TO: Registration So Division of Co				
	ster Blinds LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The anchorad Articles of	Amendment and fee(s) are sub	unitted for filing		
	ondence concerning this matter	•		
ricase return an correspo	ndence concerning this matter	to the following.		
	Aribel Castillo Nunez			
		Name of Person		
	Florida Master Blinds LLC			
		Firm/Company		
	5531 N Winston Park Blvd	I. Apt 305		
		Address		
	Coconut Creek, Florida, 3,	3073		
		City/State and Zip Co	ode	<del></del>
	aribeleastillo@gmail.com E-mail address: (	to be used for future and	nual report notification)	
For further information of	oncerning this matter, please c			
Aribel Castillo Nunez		954	355-8725	
Name (	of Person	at () Area Code	Daytime Telephone	e Number
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing F Certified Copy (additional copy is	s enclosed) (	660.00 Filing Fee, Certificate of Status & Certified Copy (additional controlled)
Mailing Address Registration Division of C	Section `orporations	Regi Divi	t Address: istration Section sion of Corporation:	25 PM 2: HASSEEJ
P.O. Box 632 Tallahassee.			Centre of Tallahasse N. Monroe Street	` ~~

Tallahassee, FL 32303

## · ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Master Blinds LLC

( <u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our record Limited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Co Florida document number 1.23000498353.	ompany were filed on H/01/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted 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 ADDRI	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flo	orida
		Zip Code
New Registered Agent's Signature, if changing Registered horeby accept the appointment as registered agent a	Agent:	202 SE
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and conaccept the obligations of my position as registered agencing filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my duties, an ent as provided for in Chapter 605. I	d I am Jāmiliā <del>s</del> with a <del>mt.</del> F.S. Or if this Recument is
	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>	Address	Type of Action
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		coconut creek, florida 33073	□Remove
			☐ Change
<del></del>			□Add
			□Remove
		P-1	□Change
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record specifies a delaye	d effective date, but r	not an effective tir	ne, at 12:01 a.m.	on the earlier of: (	SECOND INTO O	d <b>⊊</b> after	เกือ
is filed.					1	R 2	<u> </u>
03/20/2024		/			ASS ASS	-0 -0	]
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