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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Sada	rand Blinds LL	.C .	
SUBJECT:	Name of Line	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Edward	Me I I I I I I I I I I I I I I I I I I I	
		Firm/Company	<u></u>
	19811 DW	34th Ln Address	
	<u>Miami</u>	FL. 33185 City/State and Zip Code	
	SunGuard Mind E-mail address: (SFL (a) gmail com to be used for furtire annual report noti	fication)
For further information c	oncerning this matter, please ca		ŕ
Edward H	dian	at (<u>186</u>) <u>573 -</u> Area Code Daytim	3697
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
Z S25.00 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 Addres Registration !		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	rporations
P.O. Box 632 Tallahassee,		The Centre of T 2415 N. Monro	l allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

SunGuard Blinds LLG.	2024 MAR 21 AM 9: 37
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	
Florida document number <u>L74000117798</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	14871 Sw 34th (n Hiami FL
(Principal office address MUST BE A STREET ADDRESS)	33185
Enter new mailing address, if applicable:	14871 Sw 34th Lin Miami FL
(Mailing address MAY BE A POST OFFICE BOX)	33165
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: Edward	Helian.
New Registered Office Address: 14871 S	Enter Florida street address
_ Hiami	
New Degistered Agent's Signature if changing Degistered Agents	

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 Title Name Address Type of Action Arian Alcala. 14871 KW 34th Ln Ham: FL 33185 BAdd MGR _____ □Remove _____ Change 8215 sw 72nd Avc. Apt. 1806 BAdd HGR Edward Helian Higm FL 33143 Remove Change ______ □Add ____ □Remove _____ Change ______ □Add □Remove ______ Change _____ □Change _____ □Remove

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ote:	ive date, if other than the date of filing: 03/21/2024. (optional) ective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
recore I is fil	d 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 ed.
	03/21/2024
aica ,	
aica ,	Signature of a member or authorized representative of a member

Filing Fee: \$25.00