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COVER LETTER

TO: Registration Se Division of Cor			
	NDS, LLC		
SUBJECT:	Name of Lim	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:	
	Lisa Y Shorts	Pitell	_
		Name of Person	
	Pitell Law Firm	n, PL	
		Firm/Company	
	PO Box 5148		
		Address	
	Niceville, FL	32578	
		City/State and Zip Code	<u> </u>
	lyp@lyp-law. E-mail address: (com to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
Lisa Y Shorts Pitell		850 897-0045	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address: Registration Sec	ction
Registration Section Division of Corporations		Division of Corp	porations
P.O. Box 6327		The Centre of T	allahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

USA BLINDS, LLC		.
Name of the Limited Liability Company	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company will also the Company will be a compan	ere filed on	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the al	obreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
		in an
nter new mailing address, if applicable:	<u>. </u>	
Mailing address MAY BE A POST OFFICE BOX)		• • • •
		- :- 5
3. If amending the registered agent and/or registered office adegent and/or the new registered office address here: Name of New Registered Agent:	dress on our records, enter the nan	ne of the new registe
New Registered Office Address:		
New Registered Office Addiess.	Enter Florida street address	
	, Florida	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and ugree 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>	Address	Type of Action
MGR	Cody Duke	4400 Bayou Blvd, Suite 46-A	□Add
		Pensacola, FL 32503	≣Remove
			(Change
MGR	Samuel Duke	4400 Bayou Blvd, Suite 46-A	■Add
		Pensacola, FL 32503	□Remove
			□Change
			□Add
			□Remove
			□ Add
			□Remove
			Change
			□Remove
			□Add
			□Remove
			□Change

amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
<u></u>	
	
Note: If the	date, if other than the date of filing: 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 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a effective date on the Department of State's records.
ne record spe ord is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	7/26 2024
-	Signature of a member or authorized representative of a member
	Samuel Duke, Manager
_	Typed or printed name of signee

Filing Fee: \$25.00