

PO60000049799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

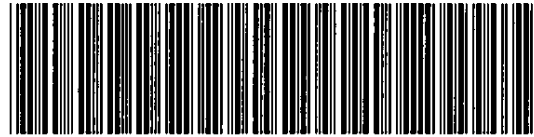
(Document Number)

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@ 5.22.04



600071140146

04/21/06--01038--004 \*\*35.00

FILED  
06 MAY 22 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 26, 2006

DANIELLE KLEIN  
BUDGET BLINDS OF BOYNTON BEACH, INC.  
7189 LAKE ISLAND DRIVE  
LAKE WORTH, FL 33467

SUBJECT: BUDGET BLINDS OF BOYNTON BEACH, INC.  
Ref. Number: P06000049799

We have received your document for BUDGET BLINDS OF BOYNTON BEACH, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Document Specialist

Letter Number: 406A00028701

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Budget Blinds of Baynton Beach, Inc.

DOCUMENT NUMBER: P06000049799

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Danielle Klein  
(Name of Contact Person)

Budget Blinds  
(Firm/ Company)

7189 Lake Island Drive  
(Address)

Lake Worth, FL 33467  
(City/ State and Zip Code)

For further information concerning this matter, please call:

Jaime Dagenais at (561) 212-9689  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Budget Blinds of Bounton Beach, Inc.  
(Name of corporation as currently filed with the Florida Dept. of State)

(Name of corporation as currently filed with the Florida Dept. of State)

P06000049799

J&D Collaborations  
Incorporated

SPRINGFIELD  
TALLAHASSEE, FLOR

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(continued)

FILED  
06 MAY 22 AM 10:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: 4-12-06

Effective date if applicable: 4-12-06  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

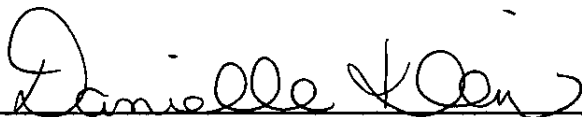
☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_."  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signature

  
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Danielle Klein  
(Typed or printed name of person signing)

President  
(Title of person signing)

**FILING FEE: \$35**