P12000095130

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SEARETARY OF STATE
DIVISION OF COST ORATICAS

MUND 12/14/12

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BLIND T	CORP		
DOCUMENT NUMBER: P12000095	5130		
The enclosed Articles of Amendment and fee a	re submitted for filing.		
Please return all correspondence concerning thi	s matter to the following:		
BRIAN PRZYS	STUP		
	Name of Contact Person		
BRIAN PRZYS	STUP & ASSOCIATES LLC		
	Firm/ Company		
275 NE 18TH	ST STE 310		
	Address		
MIAMI, FL 331	132		
	City/ State and Zip Code		
MIA1040TAX@YA	AHOO.COM		
E-mail address: (to	be used for future annual report notification)		
For further information concerning this matter,	please call:		
BRIAN PRZYSTUP	at (305) 3715131		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount m	nade payable to the Florida Department of State:		
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State			
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		

j.

Articles of Amendment to Articles of Incorporation of

BLIND I CORP				_
(Name of Corporation as currently file	ed with the Florid	a Dept. of State)		
P12000095130				_
(Document Number of C	Corporation (if kno	wn)		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Flori	da Profit Corpora	tion adopts the following	g amendment(s) to
A. If amending name, enter the new name of the cor	poration:			
				_The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.," word "chartered," "professional association," or the a	" "Inc," or "Co".	A professional c		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI	<u>RESS</u>)			-
C. Enter new mailing address, if applicable:				므
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	Ý	 .		12 C
	_			E SE
	-	· · · · ·		. 3 OF
D. If amending the registered agent and/or registere new registered agent and/or the new registered o		n Florida, enter t	he name of the	12 DEC 13 PH 1:55
Name of New Registered Agent				₩
	/El : I · · ·	1 1	_ 	
	(Florida street ad	idress)		
New Registered Office Address:	(City)	, F	lorida(Zip Code)	-
	1 0 11,57		(aip cove)	
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent.		and accept the obli	gations of the position.	
Signature of Nev	v Registered Agent	, if changing		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith	·	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	S/D	DESIG INC	1602 ALTON RD SUITE 52	
X			MIAMI BEACH, FL 33139	
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change	<u> </u>			
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	additional sh	ling additional A neets, if necessary). (Be specific	<u>)</u>		
					<u> </u>	
· · · <u>-</u>						<u></u>
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						<u>.</u>
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				· •		
provis	ions for imp	rovides for an explementing the ar blee indicate N/A)	nendment if no	sification, or can t contained in th	cellation of issued te amendment itse	l shares, lf:
	• "					
					1 "	

•	13/11/12
The date of each amendment(s) adopt	ion:
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes cast for the amendment(s) ent for approval.
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):
	he amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder
Dated 12/11/12	
Signature	En val
(By a direct selected, by	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)
JC	OSE VAL
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)