# P15000079252

(Requestor's Name)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	· · · · · · · · · · · · · · · · · · ·
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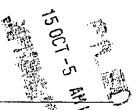
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#### COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: MIAMI BLIND C	ORPORATION		
DOCUMENT NUMBI				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	f Amendment and fee are su	abmitted for filing.	•	*
Please return all corresp	ondence concerning this ma	itter to the following:		ś
E	EDGARDO DALMAU			
_		Name of Contact Person	n	
N	MIAMI BLINDS CORPOR	ATION		
_		Firm/ Company		
8	3110 SW 163 PLACE			
_		Address		
N	MIAMI, FL 33193			
		City/ State and Zip Cod	e	
MIAM	IBLINDSCO@GMAIL.CO	М		
		sed for future annual report	notification)	
For further information	concerning this matter, pleas		263-0379	
Name of	Contact Person	at ( 305	)de & Daytime Telephone Number	—
	the following amount made		·	
■ \$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)	
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 nassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301	

#### Articles of Amendment to Articles of Incorporation of



#### MIAMI BLIND CORPORATION

## (Name of Corporation as currently filed with the Florida Dept. of State) P15000079252 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: MIAMI BLINDS CORPORATION name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address:

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

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New 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	PT	John Do	<u>oe</u>		
X Remove	<u>V</u>	Mike Jo	nes		
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change		_			
Add					
Remove					
2) Change					
Add		_		•	
Remove					
3 ) Change		_		•	
Add					
Remove					
4) Change					
Add		_		-	
Remove					
5) Change				-	
Add					
Remove					
6) Change		_		_	
Add				,	
Remove					

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
* **	
	•
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	•

The date of each amendment(s	) adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	•	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	rt
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required,	adopted by the incorporators without shareholder action and shareholder	
OCTOB Dated	BER 02, 2015	
Signature	Edgardo Dalmu	
selec	a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	EDGARDO DALMAU	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del>.</del>