P17000068326

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: BLINDS PARADI	ISE INC	
	ER: P17000068326		** *
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	nondence concerning this ma	tter to the following:	
,	ALIBEX GUERRA		
_		Name of Contact Person	11
1	BLINDS PARADISE INC		
_		Firm/ Company	
1	9321 STERLING DR		
-		Address	
(CUTLER BAY, FL 33157		
_		City/ State and Zip Cod	e
	E-mail address: (to be us	sed for future annual report	notification)
	13 man actives, the te	ed to tatale ameni rejone	III/III/QUIV/II/
For further information	concerning this matter, pleas	se call:	
ALIBEX GUERRA		786 at (366-3243
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 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. I	ng Address Idment Section Idment Sec	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment to Articles of Incorporation of

RI	INDS	PAR.	VDISE	EINC

	atly filed with the Florida Dept. of S	State)
P17000068326		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:	s <i>Florida Profit Corporation</i> adopts	the following amendment(s
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporat, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation	
B. Enter new principal office address, if applicable:	19321 STERLING DR	
(Principal office address MUST BE A STREET ADDRESS)	CUTLER BAY, FL 33157	
		7019 TAL
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	19321 STERLING DR	10621
•	CUTLER BAY, FL 33157	SEE PH TT
		7 N D
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre		the
Name of New Registered Agent		
19321 STERLING DR	<u> </u>	
	street address))
New Registered Office Address: CUTLER BAY	, Flor	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Ager	nt:	
I hereby accept the appointment as registered agent. I am familian	with and accept the obligations of t	he 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 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: XChange	<u> </u>	John Do	o <u>e</u>	
X Remove	\underline{V}	Mike Jo	mes	
X Add	<u>sv</u>	Sally Su	<u>nith</u>	
Type of Action (Check One)	<u>Tttle</u>		<u>Name</u>	<u>Addres</u> s
1) Change	 	_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add		_		
Remove				
51 (1)				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	Attach additional sheets, if necessary).	(Be specific)
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(l) not applicante, maicate N/A)	OF out and the date of the amen	adment if not contained in the amendment itself:
	(ij noi applicame, maicate (NA)	
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The date of each amendment(s) adoption:	, if other than the
08/15/2019 Effective date <u>if app</u> licable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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 east for the amendment(s) was/were sufficient for approval	
hy	
(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.	
08/15/2019 Dated	
Signature	
(By edirector, 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)	
ALIBEX GUERRA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	