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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: Southwest Blinds	and Designs Inc	
	BER: P19000010320		
	s of Amendment and fee are so	abmitted for filing.	
Please return all corre	espondence concerning this ma	atter to the following:	
	Howard Freidin		
	<u> </u>	Name of Contact Perso	n
	Freidin& Inglis PA		
		Firm/ Company	.
	2245 Megregor Blvd		
		Address	
	Ft. Myers FL 33901		
		City/ State and Zip Cod	e
how	ırd@filegal.com		
	<u>, </u>	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Howard Freidin		at (3371918
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	rtment of State:
■ \$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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation of

Southwest Blinds and T	osians. The
P1900010320	v filed with the Florida Dept. of State)
111000010-0-0	
(Document Number of	*Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "word "chartered," "professional association," or the abbreviation ".	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	2019 SEC TA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FEB-7 AM 9: LLAHASSEE, F
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stre	ret address)
New Registered Office Address:	Florida
	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	rgistered 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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	<u>PT</u> <u>John</u>	<u>Doc</u>	
X Remove	<u>V</u> <u>Mike</u>	2 Jones	
X Add	<u>SV Sally</u>	<u>/ Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PD	Floward Freidin	2245 Mcgregor Blvd
Add X Remove			Ft. Myers FL 33901
2) Change	PD	Daniel Glassman	
<u>X</u> Add	_		3385 McCall Road
Remove			Englewood FL 34224
3) Change	VPST D	Teresa Grossi	Teresa Grossi
XAdd			3385 McCall Road
Remove			Englewood Fl 34224
4) Change			
Add			
Remove			
57 Change			
Add			
Remove			
6) Change			
Add			
Remove			

	i <mark>ng additional Ar</mark> t ects, if necessary),	(Be specific)			
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		<u> </u>			
		 			
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		 -			
					
					<u>-</u>
<u>f an amendment pr</u>	ovides for an excl	<u>hange, reclassific</u>	ation, or cancella	ition of issued share	<u>5,</u>
provisions for impl	ementing the ame le, indicate N/A)	enament II not co	intained in the an	nendment itselt:	
(4, 111, 114, 111, 111, 111, 111, 111, 1	e, mateure mm				
			· -		

The date of each amendment(s) add date this document was signed.	ption:	, if other than the
Effective date <u>if applicable</u> :		
. ———	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date artment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statemen such voting group entitled to vote separately on the amendment(s):	t
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	ed by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adop action was not required.	ed by the incorporators without shareholder action and shareholder	
2/6/19 Dated		
Signature	DANICICIATS MAY	
(By a dire selected,	retor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court I fiduciary by that fiduciary)	
_	(Typed or printed name of person signing)	
	P.	
	(Title of person signing)	