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(Requestor's Name)						
(Ad	ldress)					
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PICK-UP	WAIT	MAIL				
(Bu	siness Entity Na	me)				
(Do	cument Number)	)				
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Certified Copies	Certificate	s of Status				
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Special Instructions to	Filing Officer:					
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Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: HORIZON BLIND	S AND MORE, INC	
DOCUMENT NUMB	ER:		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this man	tter to the following:	
	AMBROSIO DE LA FE		
-		Name of Contact Persor	1
	HORIZON BLINDS AND M	IORE, INC	
-		Firm/ Company	<del>.</del>
	7825 SW 98TH CT		
-		Address	
	MIAMI, FL 33173		
-		City/ State and Zip Code	e
AMBI	ROSIODELAFE@GMAIL.C	OM	/
	<del>-</del>	sed for future annual report	notification)
For further information AMBROSIO DE LA I	concerning this matter, pleas	se call:786	597-1085
Name o	of Contact Person	at ( Area Co	de & Daytime Telephone Number
	the following amount made		·
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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amenc Divisio Clifton 2661 F	Address Iment Section on of Corporations Building Executive Center Cucle assee, FL 32301

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

F	10	)R	17	()	N	RI	INDS	AND	A10	)RI	17	INC

ion as curren	tly filed with the Florida Dept. of	State)
		,
nent Number (	of Corporation (it known)	
	·	s the following amendment(s)
orporation:		
•		The new
" "Inc." or	"Co". A professional corporation	ed" or the abbreviation
A.1	12798 SW 16 ST	_ •
<u>DRESS</u> )	MIAMI, FL 33175	2019 \$
	<del></del>	P
)Xı	12798 SW 16 ST	P 1
<i></i> /	MIAMI, FL 33175	1,73
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(Florida s	treet address)	<del></del>
	1:1	orida
	a inyi	(Zip Code)
	<u>it:</u>	·
	nent Number of Statutes, this orporation:  rd "corporation:  rd "corporation or abbreviation e: ORESS)  red office address  (Florida s	rd "corporation," "company," or "incorporation," "Inc," or "Co". A professional corporation abbreviation "P.A."  12798 SW 16 ST  DRESS)  MIAMI, FL 33175  12798 SW 16 ST  MIAMI, FL 33175  red office address in Florida, enter the name of office address:  (Florida street address)

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: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{V}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	P	TORRES, ALBA D	7825 SW 98TH CT
Add			MIAMI, FL 33173
X Remove			
2) X Change	P	DE LA FE, AMBROSIO	12351 SW 45TH ST
Add			MIAMI, FL 33175
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			<u> </u>
Remove			<del></del>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If ame</u> (Attach	nding or adding additional Artical additional sheets, if necessary).	cles, enter change(s) - (Be specific)	<u>  here</u> :		
N/A					
		<del></del>			
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-			**		
r. <u>II an a</u> provi	imendment provides for an exchisions for implementing the ame	ange, reclassification ndment if not conta	on, or cancellation o ined in the amendm	ent itself:	
	if not applicable, indicate N/A)				
N/A					
			<del> </del>		·
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09/16/2019	
· · · · · · · · · · · · · · · · · · ·	, if other than th
date this document was signed.	
09/16/2019 Effective date if applicable:	
tno more than 90 days after amendment file do	ite)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	ents, this date will not be listed as th
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adopted by the shareholders. The number of votes east for the a by the shareholders was/were sufficient for approval.	mendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amenda	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and action was not required.	d shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder was not required.	reholder
Dated	
(By a director, president or other officer - if directors or officers ha	ve not been
selected, by an incorporator – if in the hands of a receiver, trustee, or	or other court
appointed fiduciary by that fiduciary)	
ALBA D TORRES	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	