

| (Requestor's Name)                      |
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| (Address)                               |
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| (City/State/Zip/Phone #)                |
|                                         |
| PICK-UP WAIT MAIL                       |
|                                         |
| (Business Entity Name)                  |
|                                         |
| (Document Number)                       |
|                                         |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
| Special instructions to Filing Officer. |
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Office Use Only



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04/01/201

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPO           | RATION: SB INSTALLER S                                                  | SERVICES INC                                                     |                                                                                                   |                |                       |   |
|-------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------|-----------------------|---|
|                         | BER: P22000028050                                                       |                                                                  |                                                                                                   |                |                       |   |
| The enclosed Articles   | of Amendment and fee are su                                             | bmitted for filing.                                              |                                                                                                   |                |                       |   |
| Please return all corre | spondence concerning this ma                                            | tter to the following:                                           |                                                                                                   |                |                       |   |
|                         | ALBANO LIMA RIZO                                                        |                                                                  |                                                                                                   |                |                       |   |
|                         |                                                                         | Name of Contact Person                                           | <del></del>                                                                                       |                |                       |   |
|                         | PRESIDENT                                                               |                                                                  |                                                                                                   |                |                       |   |
|                         |                                                                         | Firm/ Company                                                    |                                                                                                   |                |                       |   |
|                         | PO BOX 152351                                                           |                                                                  |                                                                                                   |                |                       |   |
|                         |                                                                         | Address                                                          |                                                                                                   |                |                       |   |
|                         | TAMPA, FL 33684                                                         |                                                                  |                                                                                                   |                |                       |   |
|                         |                                                                         | City/ State and Zip Code                                         | e                                                                                                 |                |                       |   |
|                         | ALBANOLIMA16@GMAIL                                                      | COM                                                              |                                                                                                   |                | · •                   |   |
|                         | E-mail address: (to be us                                               | sed for future annual report                                     | notification)                                                                                     |                | ì                     |   |
|                         |                                                                         |                                                                  |                                                                                                   | 69 EN<br>69 ED | <del>-0</del>         | i |
| For further information | on concerning this matter, pleas                                        | se call:                                                         |                                                                                                   | in Si          | हाक्ष्रा ? -   PH  :5 | į |
| ALBANO LIMA RIZ         | co                                                                      | at (813                                                          | 970 8269                                                                                          | FL             | <b>5</b> 1            |   |
| Name                    | of Contact Person                                                       | Area Co                                                          | de & Daytime Telephon                                                                             | e Number       | <del></del>           |   |
| Enclosed is a check fo  | or the following amount made                                            | payable to the Florida Depa                                      | artment of State:                                                                                 |                |                       |   |
| □ \$35 Filing Fee       | ☐\$43.75 Filing Fee & Certificate of Status                             | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) | 3              |                       |   |
| Am<br>Div               | iling Address<br>endment Section<br>ision of Corporations<br>. Box 6327 | Amend<br>Divisio                                                 | Address Iment Section on of Corporations entre of Tallahassee                                     |                |                       |   |

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

## Articles of Amendment to Articles of Incorporation of

| SB INSTALLER SERVICES INC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| (Name of Corporation as co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | urrently filed with the Florida Dept. of State)                                                                            |
| P22000028050                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                            |
| (Document Nu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | mber of Corporation (if known)                                                                                             |
| Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | es, this Florida Profit Corporation adopts the following amendment(s) to                                                   |
| A. If amending name, enter the new name of the corporat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ion:                                                                                                                       |
| SOUTH BLINDS DECORATIONS INC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | The new                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ion," "company," or "incorporated" or the abbreviation "Corp.," Co". A professional corporation name must contain the word |
| B. Enter new principal office address, if applicable:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                            |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | )                                                                                                                          |
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| C. Enter new mailing address, if applicable:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                            |
| (Mailing address MAY BE A POST OFFICE BOX)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                            |
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| D. If amending the registered agent and/or registered offi<br>new registered agent and/or the new registered office a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                            |
| Name of New Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                            |
| The state of the s |                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | orida street address)                                                                                                      |
| No. 10 mint and 1000 and 111 annual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Florida                                                                                                                    |
| New Registered Office Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | , Florida                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                            |
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| New Registered Agent's Signature, if changing Registered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                            |
| I hereby accept the appointment as registered agent. I am fa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | miliar with and accept the obligations of the position.                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                            |
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| Signature of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | New Registered Agent, if changing                                                                                          |

Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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                      | <u>V</u>     | Mike Jones  |                 |
| _X Add                        | <u>sv</u>    | Sally Smith |                 |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change                     |              |             |                 |
| Add                           |              |             |                 |
| Remove                        |              |             | 703<br>703      |
| 2) Change                     |              |             |                 |
| Add                           |              |             |                 |
| Remove 3) Change              |              |             |                 |
| Add                           |              |             | LVIE<br>LVIE    |
| Remove                        |              |             |                 |
| 4) Change                     |              |             |                 |
| Add                           |              |             |                 |
| Remove                        |              |             |                 |
| 5) Change                     |              |             |                 |
| Add                           |              |             |                 |
| Remove                        |              |             |                 |
| 6) Change                     |              |             | <del></del>     |
| Add                           |              |             |                 |
| Remove                        |              |             |                 |

| atach additional sheets, if necessary). (Be specific)                                     |                        |                |             |
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|                                                                                           | H. W.                  | PH             | ŧ           |
|                                                                                           | L S                    |                | C           |
| an amendment provides for an exchange, reclassification, or cancellation of issued shares | _ 72 ≥                 | ഗ              |             |
| provisions for implementing the amendment if not contained in the amendment itself:       | ניו ק                  | ŧ.             |             |
| (if not applicable, indicate N/A)                                                         |                        |                |             |
|                                                                                           |                        |                |             |
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| fate this document was signed.                                                   | ion:                                                                                                  | , if other than the                              |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| Effective date <u>if applicable</u> :                                            |                                                                                                       |                                                  |
|                                                                                  | (no more than 90 days after amendme                                                                   | nt file date)                                    |
| Note: If the date inserted in this block document's effective date on the Depart | does not meet the applicable statutory filing r<br>ment of State's records.                           | equirements, this date will not be listed as the |
| Adoption of Amendment(s)                                                         | (CHECK ONE)                                                                                           |                                                  |
| The amendment(s) was/were adopted<br>action was not required.                    | by the incorporators, or board of directors with                                                      | out shareholder action and shareholder           |
| ☐ The amendment(s) was/were adopted by the shareholders was/were suffici         | by the shareholders. The number of votes cast tent for approval.                                      | for the amendment(s)                             |
|                                                                                  | ed by the shareholders through voting groups. 7<br>In voting group entitled to vote separately on the |                                                  |
| "The number of votes east for t                                                  | he amendment(s) was/were sufficient for appro                                                         | val                                              |
| by                                                                               |                                                                                                       | '''                                              |
|                                                                                  | (voting group)                                                                                        | 77                                               |
| 22.07.022.4                                                                      |                                                                                                       | · · · · · · · · · · · · · · · · · · ·            |
| 03/07/2024<br>Dated                                                              |                                                                                                       |                                                  |
|                                                                                  | (///                                                                                                  | <u> </u>                                         |
| Signature                                                                        | 216000                                                                                                | SSO P                                            |
|                                                                                  | or, president or other officer - if directors or off                                                  | icers have not been                              |
| selected, by                                                                     | an incorporator – if in the hands of a receiver,                                                      | trustee, or other court!                         |
| appointed f                                                                      | iduciary by that fiduciary)                                                                           | 는 선물 <b>5</b>                                    |
| AL.                                                                              | BANO LIMA RIZO                                                                                        |                                                  |
|                                                                                  | (Typed or printed name of person signin                                                               | g)                                               |
| 100                                                                              | ESIDENT                                                                                               |                                                  |

(Title of person signing)