

P92000000032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

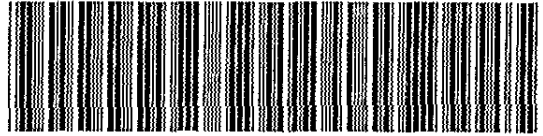
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

*Senna Mahacek gave
authority to add Presid
as title - 3/18/03 ac*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LAW OFFICES OF FREDERICK C. KRAMER

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March 10, 2003

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ATTENTION: CORPORATE FILINGS
P.O. Box 6327
Tallahassee, Florida 32314

Re: Articles of Amendment

To Whom It May Concern:

Enclosed are the following papers:

1. Articles of amendment to articles of incorporation of DP Home Care Services & Repairs, Inc.
2. Check in the amount of \$35.00 made payable to your order.

I trust that everything is in order. Should there be any questions or concerns, please contact my assistant Senna Mahacek. Thank you.

Very truly yours,



Frederick C. Kramer

FCK/sm

Enclosures

cc: Mr. Detlef Weidner

File No.: BA03-004

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

DP HOME CARE SERVICE & REPAIRS, INC.
DOCUMENT NO.: P92000000032

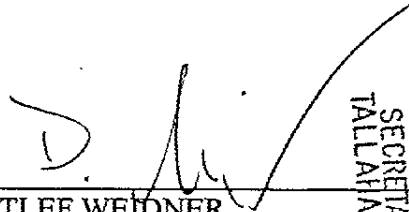
Pursuant to Florida Statutes Section 607.1006, the following provisions of the Articles of Incorporation of DP HOME CARE SERVICE & REPAIRS, a Florida corporation, are amended as follows:

1. The name of the corporation is DP Home Care Service & Repairs, Inc.
2. The following amendment of the articles of incorporation was adopted by the shareholders of the corporation on March 6, 2003, in the manner prescribed by the Florida Business Corporation Act, Florida Statutes Chapter 607:

The name of the corporation is changed to BLINDS 4 U, INC.

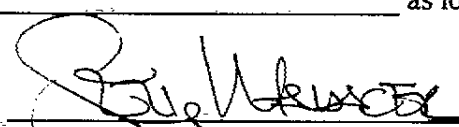
3. The number of votes cast for the amendment by the shareholders was sufficient for approval.

Signed this 7 day of March, 2003.


DETLEF WEIDNER
President

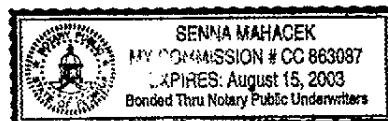
STATE OF FLORIDA
COUNTY OF COLLIER

The foregoing instrument was acknowledged before me this 7 day of March, 2003, by DETLEF WEIDNER, who is personally known to me or who has/have produced FLA. DRIVER LICENSE as identification.


NOTARY PUBLIC

Print name: SENNA MAHACEK

My Commission Expires



03 MAR 12 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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