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(((H19000144682 3)))



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Division of Corporations

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From:

Account Name : JELEN ACCOUNTING SERVICES, INC

Account Number : I20120000052 Phone

: (305)591-9180 Fax Number : (305)591-9167

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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HOUSE OF BLINDS OF MIAMI, INC.

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May 2, 2019

FLORIDA DEPARTMENT OF STATE

HOUSE OF BLINDS OF MIAMI, INC.

Division of Corporations

489 NB 167 ST

NORTH MIAMI BEACE, FL 33162

SUBJECT: HOUSE OF BLINDS OF MIAMI, INC.

REF: P99000040605

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Period after (INC)?

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

FAX Aud. #: H19000144682 Letter Number: 319A00008796

RECEIVED 2019 MAY -2 AN 11:

Articles of Amendment to Articles of Incorporation of

(Name of Corporati	on as currently filed with the F	lorida Dept. of State)
P99000040605	· · · · · · · · · · · · · · · · · · ·	
(Docum	nent Number of Corporation (if k	nown)
tursuant to the provisions of section 607.1006, Florida is Articles of Incorporation:	a Statutes, this Florida Profit Co	rporation adopts the following amendment(
. If amending name, enter the new name of the co	orporation:	
		The new
ame must be distinguishable and contain the wor Corp.," "Inc.," or Co.," or the designation "Corp. ord "chartered," "professional association," or the	." "Inc." or "Co". A professio	or "Incorporated" or the abbreviation
Enter new principal office address, if applicable	<u> </u>	
Principal office address <u>MUST BE A STREET ADL</u>	ORESS)	
		
	 -	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	871	2
(Maning unaress MAT BE A POST OFFICE BU	<u></u>	
		20
. If amending the registered agent and/or register	and office address in Florida on	ton the many of the
new registered agent and/or the new registered	office address:	ter the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		. Florida
	(City)	(Zip Code)
B 14 14 0 0		
ew Registered Agent's Signature, if changing Regivereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the	cobligations of the position
, and a specific agent	· journmer min unu uccept me	wongamers of the position.
Signo	iture 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: X Change	PT	<u>Iohn Doe</u>	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VPS	SANTANA, CAROLINA	11381 NW 50 TERRACE
X Add			DORAL, FL 33178
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			·
6) Change			
Add			
Remove			

	sheets, if necessary).	icles, enter change((Be specific)			
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		<u>- </u>			
			on, or cancellation o	issued shares,	
provisions for im	provides for an exchaplementing the amerable, indicate N/A)	ange, reclassification of the second of the	ined in the amendm	ent itself:	
provisions for im	<u>aplementing the amer</u>	ange, reclassification	ined in the amendm	ent itself:	<u>-</u>
provisions for im	<u>aplementing the amer</u>	ange, reclassification	ined in the amondm	ent itself:	
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provisions for im	<u>aplementing the amer</u>	ange, reclassification	nined in the amondm	ent itself:	

المناور المعطا

The date of each amendment(s) ad date this document was signed.	option:	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bidocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
The amendment(s) was/were app must be separately provided for	toved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
	(voting group)	-
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
04/30/2019 Dated		
Signature	out of Soutawn	
(By a di	rector, president or other officer - if directors or officers have not been l, by an incorporator - if in the hands of a receiver, trustee, or other court	
appoint	ed fiduciary by that fiduciary)	
	SANTANA, FRANKLYN JOSE	
•	(Typed or printed name of person signing)	
	P	
-	(Title of person signing)	