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EFFECTIVE DATE 04-01-14

B. BOSTICK

MAR 2 1 2014

EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

Megrame US Windows & Doors, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Tone

Name of Person

Snaige Investments, LLC

Firm/Company

#400 - 1681 Chestnut Street

Address

Vancouver, BC V6J4M6 Canada

City/State and Zip Code

dave@cypresswest.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Tone

့,,604 ,733**-**3232

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status

□ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

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MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Megrame US Windows & Doors, I		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Comparing Florida document number <u>L0500053946</u> .	ny were filed on May 31, 2005	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
Snaige Investments, LLC		
The new name must be distinguishable and end with the words "Limited Li	ability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		- 7
(Principal office address MUST BE A STREET ADDRESS)		G15
		3
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		i z
		•
B. If amending the registered agent and/or registered registered agent and/or the new registered office address here.		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	, Florida	
	City	Zin Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

1

MGR = Manager

<u> </u>	<u>Name</u>	Address	Type of Action
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		g: April 1, 2014	
The effective date must be	er than the date of filin e specific, cannot be prior to de filed by the Florida Departme	are of tecerby or tued date and eartifor	be more than 90 days after
the date this document is	filed by the Florida Departme	are of tecerby or tued date and eartifor	
(The effective date must be	filed by the Florida Departme	nt of State)	

Page 3 of 3

Filing Fee: \$25.00