

LO7000031641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

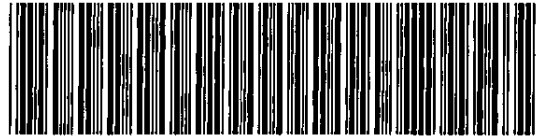
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 MAR 29 PM 3:32

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GOLAD COAST Hurricane Shutters  
(Name of Limited Liability Company)  
Manufacturing LLC

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

Please return all correspondence concerning this matter to the following:

Emmet D. Kostick  
(Name of Person)  
Kostick & Company PA  
(Firm/Company)  
7390 NW 5th St  
(Address)  
Palmation FL 33312  
(City/State and Zip Code)

For further information concerning this matter, please call:

Emmet D. Kostick at ( 954 ) 794-4477  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|---|--|

**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

Gold Coast Hurricane Shutters Manufacturing LLC  
(Present Name)  
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 3/26/07 and assigned document number 20700031641.

SECOND: This amendment is submitted to amend the following:

THE NAME OF THE ENTITY TO  
GOLD COAST HURRICANE SHUTTERS MANUFACTURING LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 MAR 29 PM 3:32

Dated 3/27/07



Signature of a member or authorized representative of a member

Emory D. Kostick

Typed or printed name of signee

Filing Fee: \$25.00