## L04000003602

:. (Requestor's Name)					
(Address)					
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(Address)					
(13133)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
<u> </u>					

Office Use Only



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06/18/10--01012--021 \*\*30.00



C. LEWIS

JUN 2 1 2010

EXAMINER

I, Robert Plenzio, am transferring my business over to my family members on June 26, 2010 as such: Toni Plenzio, President, Michael Plenzio, Vice-President and Christina Plenzio, Secretary.

I will be holding my license Robert Plenzio Shutter Masters of America LLC as I will be the Qualifier/Contractor and Mgr/Agent for the business. My son, Michael is currently taken over my duties and is going for his contractor's license. The name of business will remain the same:

Robert Plenzio Shutter Masters of America LLC (a limited liability Company) and filing information will remain the same.

Date of filing: June 26, 2010

## **COVER LETTER**

Division of Corporations						
SUBJECT: Robert Plenzio Shutter Masters of America We Name of Limited Liability Company	3_					
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Toui M. Plenzio  Name of Person	-					
Shutter Masters of America LC						
1784 Finn Hill Ovive						
Address						
Boynton Beach, FL 33426						
City/State and Zip Code						
FLC+TIC 777 @ a01 - Com  E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
- De Malatalais	1000					
Toni Plenzio Pobert Plenzio a (561) 718-2352/661)582	4100					
Name of Person Area Code & Daytime Telephone Number						
	•					
Enclosed is a check for the following amount:						
\$25.00 Filing Fee \$\sum \text{S30.00 Filing Fee & Certificate of Status}\$ \$\sum \text{Certificate of Status}\$ \$\sum \text{Certified Copy (additional copy is enclosed)}\$ \$\sum \text{Certified Copy (additional copy is enclosed)}\$	ed)					

**MAILING ADDRESS:** 

TO:

**Registration Section** 

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

FILED

2010 JUN 18 AM 18: 57

Robert Plenzio	Shutter	1010210121	AACHTAR	Y DE STATE	
KODERT Plen210 (Name of the Limited L (AF	i <b>ability Company</b> Iorida Limited Lia	<u>' as it now appears on</u> bility Company)	OUT PECONDS NOS	ÉÉ. FLORIDA	
The Articles of Organization for this Limited Liab	pility Company w				
This amendment is submitted to amend the follow	<del>-</del>	\$ <b>!</b>			
A. If amending name, enter the new name of t	he limited liabili	ty company here:	· •		
			•		
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Company,"	the designation "I	LLC" or the abbreviation	
Enter new principal offices address, if applicat	ble:				
(Principal office address MUST BE A STREET	ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u>ox)</u>				
B. If amending the registered agent and/or registered agent and/or the new registered office	ce address here:				
Name of New Registered Agent:	Rober	t A. Ple	nzio		
New Registered Office Address:	1784	Finn Hall	Orive	•	
Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:    1784 Finn Hill Drive   Enter Florida street address					
•	Boynton	n Beach	, Florida	33426	
New Registered Agent's Signature, if changing Re	egistered Agent:	Спу		zip Coue	

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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I have be 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Address** Type of Action Title Name Michael J. Plenzio = Christina M. Plenzio sameas above came as above **¬** Remove TONI M. Pleuzio as Agent □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (Jone 15 Signature of a member or authorized representative of a member M. Plenzio Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00