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	(Requestor's Name)
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	(City/State/Zip/Phone #)
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	(Business Entity Name)
	(Document Number)
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D. BRUCE
JUL 19 2010

EXAMINER

SUBJECT	·	tters & Screens, LL	c :	,	
	·		**************************************		
. '					
The enclos	ed Articles of Amendment and fee(s) are su	bmitted for filing.			
Please retu	m all correspondence concerning this matte	r to the following:			
		Donald Sherman	. 7 :		
		Name of Person			
	Reliab	le Shutters & Screens,	LLC		,
		Firm/Company			
•	240	SW 12th Avenue Ste	4 .		
		Address			
	Por	mpano Beach, FL 3306	9	ne/:	
	•	City/State and Zip Code			•
	E-mail address: (to be used for future annual repor	notification)		i ji
For further	information concerning this matter, please of	eall:		5	-
	Donald Sherman	at (954)	788-3119.	30 3	त्र
	Name of Person	Area Code & D	zytime Telephone Number	<u>မ</u> ်ာ် မှ	ر ا
•					
Enclosed is	a check for the following amount:				
₹25.00 E	Iling Fee Son Sing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	losed) Certified	e of Status &	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahasses, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

	Reliable Shutters &	Screens, L	LC.			
CS	Name of the Limited Liability Compan (A Florida Limited Lie	es if now appear bility Company)	on our records.)	_	
The Articles of Organization for this Limited Liability Company were filed on _		vere filed on	01/28/2005	anç	l assign	ped
Florida document number _	L05000009138					
This amendment is submitte	d to amend the following:	•	•	•	,	
A. If amending name, ante	er the new name of the limited liabili	ity company her	g:			
The new name must be disting "L.L.C."	uishable and end with the words "Limite	d Liability Compa	ny," the designation	n "LLC" or	the abb	reviation
Enter new principal offices	address, if applicable:			201		
(Principal office address M	UST BE A STREET ADDRESS)			S C	7 6	., .
				200 (D) 200 (C)	ے	
•				200	*****	1
Enter new mailing address	, if applicable:	-		易益	6 0	
Mailing address MAY RE				T. C.	=	E14
	,	-		多點	20	
<u>, </u>				PART OF THE PART O	YO .	
	tered agent and/or registered offic new registered office address here:	e address on o	ur records, <u>ente</u>	r the nam	s of t	te nev
Name of New Reg	stered Agent:	<u> </u>	1	,,,,		
New Registered Of	Sing Addresses	-	· :	•		
TIEW ADMINISTRATION	ADS A CHARGO	Ente	er Florida street d	iddress		
			. Florida			
. •		City		Zip C	ode	
New Registered Agent's Sign	ature, 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 608, 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 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 = Man MGRM = M	ager anaging Member		
Title	Name	Address	Type of Action
MGR	Steven Sanders	240 Southwest 12th Avenue, Ste 4 Pompeno Beach, FL 33069	Add 7 Remove
			Add Remove
			Add Remove
<u> </u>			Add Remove
	· ·		Add Remove
			Add
D. If amendi	ng any other information, enter cl	hange(s) here: (Attack additional sheets, if necessary.)	10
·			91 Inc
دد			PH 3: 59
Dated	June 29	2010	फ ्
·	M/ On OSG Signature of a me	mber or authorized representative of a member	Agggra o o respectively.
		Donald Sherman yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00