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EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A&D HURRICANE SHUTTERS & WINDOWS 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:

	JAIRO EMILIANI\ SPEE	DY PARALEGAL SERVICES, INC		
		(Name of Person)		
	SPEEDY PARALEGALS	SERVICES , INC		
		(Firm/Company)		
	2010 SW 23RD ST	·		
		(Address)		
	MIAMI, FL 33145		ZERO JUL SECRET) de la C
		(City/State and Zip Code)		#1 F
For further information (concerning this matter, please c	all:	ASSE -	() ()
JAIRO EMILIANI		at (305) 859-8537		¥
(Name	of Person)	(Area Code & Daytime T	Felephone Number)	
Enclosed is a check for t	the following amount:			
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy	

MAILING ADDRESS:

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

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	CANE SHUTTERS & WINDOWS LLC	
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability C	Company were filed on 06/10/2005	and assigned
Florida document number L05000057625		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
	IMINUM & GLASS, LLC	
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Company," the designat	
Enter new principal offices address, if applicable:		Transfer Tra
(Principal office address MUST BE A STREET ADDR	RESS)	
		SSR - 1
		Tag H
Enter new mailing address, if applicable:		24 0
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office add		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida stre	eet address)
	, Floric	
	(City)	(Zip 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 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MGRM</u>	DELAROTTA, HUMBERTO	13886 SW 10TH LANE MIAMI FL 33186	Add Remove
MGRM	HUMBERTO DELAROTTA	13886 SW 101 LANE MIAMLEL 33186	Add Remove
			Add Remove
			Add Remove
			Add Add Add
D. If amend	ling any other information, enter cha	nge(s) here: (Attach additional sheets, if	
Dated JUNE	Etie.	hair ! -	
	-	ber or authorized representative of a member EDY PARALEGAL SERVICES INC	
		ped or printed name of signee	<u> </u>

Page 2 of 2

Filing Fee: \$25.00