L05000083113

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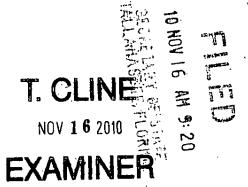
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DIVISION OF CORPORATIONS
DIVISION OF CORPORATIONS



COVER LETTER

Division of Corp	oorations				
SUBJECT: Bee Saf	e Hurricane Shutte	rs, LLC			E
(Name of Limited Liability Company)					•
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	Michael Brent Keller				
		(Name of Person)			
	Bee Safe Hurrica	ne Shutters, LLC			
		(Firm/Company)			
9201 Brookwood Court, Suite 2					
		(Address)			
	Bonita Springs, FL 3413			2001 2006 (1)	
		(City/State and Zip Code)		5 Z	eraingfile.
For further information co	ncerning this matter, please c	all:		10 NOV 16	Lamen Transme Transme
Michael Brent Keller		at (239) 304-6014		四点 王	5 1
(Name of	f Person)	(Area Code & Daytime T	Telephone Number)	9: 20	ches
Enclosed is a check for the	e following amount:			Er.	
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	d)

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

Bee Safe Hurricane Shutte	ers, LLC			
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our record rida Limited Liability Company)	<u>ds.</u>)		
The Articles of Organization for this Limited Liabil Florida document number <u>L05000083113</u>	ity Company were filed on August 23, 2005	and assigned		
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	limited liability company here:			
Bee Safe Hurricane Systems, LLC				
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the designa	ation "LLC" or the abbreviation		
Enter new principal offices address, if applicable	:	3 111 3		
(Principal office address MUST BE A STREET A	DDRESS)	5-5-8		
		The second second		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>			
B. If amending the registered agent and/or r registered agent and/or the new registered office		enter the name of the new		
Name of New Registered Agent:	-			
New Registered Office Address:				
	(Enter Florida street address)			
	, Florida			
	(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 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:

Add Remove Comparison of the compar	MGR = MGRM =	Manager = Managing Member		
Add Remove Add Remove Add	<u>Title</u>	<u>Name</u>	Address	Type of Action
Dated Add Remove Add Add				
Dated November 12 Signature of a member or authorized representative of a member Michael Brent Keller				
Dated Nowmber 12 2010 Signature of a member or authorized representative of a member Michael Brent Keller				
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member				(constant
Dated November 12 , 2010 Signature of a member or authorized representative of a member Michael Brent Keller				Add To Remove
Dated	D. If ame	ending any other information, enter change		Remove
Signature of a member or authorized representative of a member Michael Brent Keller	-	ending any other information, enter change	(S) Here. (Anach adamonal sheets, y necessary.)	
Signature of a member or authorized representative of a member Michael Brent Keller	-			
Michael Brent Keller	Dated	RS +	T-ell	
		Michael Brent Keller	·	

Page 2 of 2

Filing Fee: \$25.00