

L05000113972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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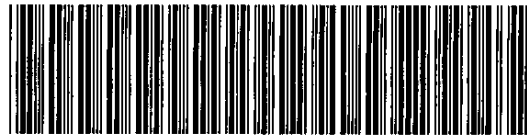
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

10-18
[Signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALPHA SHUTTERS, 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:

Marcial Ciudad

(Name of Person)

Alpha Shutters, LLC

(Firm/Company)

16278 NW 21 Street

(Address)

Pembroke Pines, Fl 33024

(City/State and Zip Code)

For further information concerning this matter, please call:

Marcial Ciudad

(Name of Person)

at (954) 701-8512

(Area Code & Daytime Telephone Number)

Enclosed is a check for 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
(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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ALPHA SHUTTERS, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 11/21/2005 and assigned document number L05000113972.

SECOND: This amendment is submitted to amend the following:

1) Please remove

ELESPURU, EDWARD ,

6901 Envirion Blvd. Apt 4F

from the Manager/Member Detail line.

This action is being taken due to the fact that Mr. Elespuru is no longer an employee for this Corporation

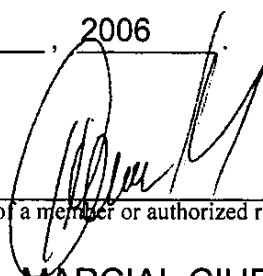
2) Please add

CIUDAD, MARCIAL,

16278 NE 21 Street, Pembroke Pines, FI 33028

on the Manager/Member Detail line.

Dated October 12, 2006



Signature of a member or authorized representative of a member

MARCIAL CIUDAD

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Filing Fee: \$25.00