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EXAMINER

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : LICENSES ETC INC
Account Number : I20070000159
Phone : (239) 777-1028
Fax Number : (877) 275-3593

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

KEYSTONE WINDOWS, LLC

Certificate of Status	1
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Keystone 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:

Chrissi Jackson
(Name of Person)
Licenses Etc., Inc.
(Firm/Company)
15275 Collier Blvd. #201-300
(Address)
Naples, FL 34119
(City/State and Zip Code)

For further information concerning this matter, please call:

Chrissi Jackson at (239) 777-1028
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Keystone Windows, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/06/2007 and assigned
Florida document number L07000037409.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Keystone Contractors of SWFL, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

Same

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

Same

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:SameNew Registered Office Address:Same

(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)

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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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Scott Alexander	28440 OLD 41, SUITE 4 Bonita Springs, FL 34135	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Stephen J. Scott	20261 Estero Gardens Circle Estero, FL 33928	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated July 31

2008



Signature of a member or authorized representative of a member

Christopher Rapp

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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