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(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							

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APR -4 2011

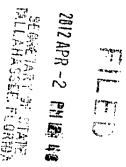
EXAMINER

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COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: ALVMINUM. TECHNOLOGIES, 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:
MELISSA SINTON Name of Person
ALUMINUM TECHNOLOGIES, LLC Firm/Company
Firm/Company 2984 SE BANYAN ST Address
STUART FL 34997 Eity/State and Zip Code
Melissa, Sinton (a Uahoo, Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
MELISSA SINTON at 772, 631-8971 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$55.00 Filing Fee & \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$\$
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS: Registration Section Division of Corporations Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida	Limited Liability Con	npany)	recoras.)			
The Articles of Organization for this Limited Liability Florida document number	Company were filed	on 8/22	/200	7.	and assi	gned
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lin	nited liability comp	ny here:	<i>.</i>			
OCEANSIDE CONST	RUCTION	V, LLC	۰			
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability	Company," the d	esignation	"LLC"	or the⊗at	breviation
L.L.C.		N	/A		APR	4
Enter new principal offices address, if applicable:			/ ' '	12 7 ½		
(Principal office address MUST BE A STREET ADD	RESS)		<u> </u>	1.1.4.	-2	TW September
	- · · · · · · · · · · · · · · · · · · ·			-174		
			1	の方 次 120 20177		Same of
Enter new mailing address, if applicable:			<u> </u>	ä, .	619	
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·				
		,	<u> </u>			
B. If amending the registered agent and/or registered agent and/or the new registered office ade		ss on our reco	rds, <u>enter</u>	the n	ame_of	the new
Name of New Registered Agent:	, 1911/15 (1912)		- 	~		
New Registered Office Address:						
	Enter Florid	ia street a Florida				
	City		11/		p Code	

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 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

New Registered Agent's Signature, if changing Registered Agent:

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	N 1 (4	Address	Type of Action
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		_ -		Add Remove
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		-		Remove Remove
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D. If amen	ding any other information, ento	er change(s)	here: (Attach additional sheets, if n	
				
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