

L070000090269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

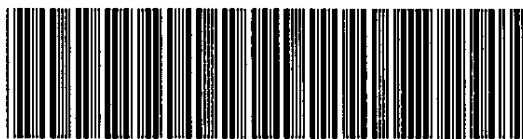
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/08/09--01040--006 **120.00

FILED
09 JUN - 8 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

JUN 9 - 2009

EXAMINER

HURRICANE WINDOW & DOOR FACTORY



June 5, 2009

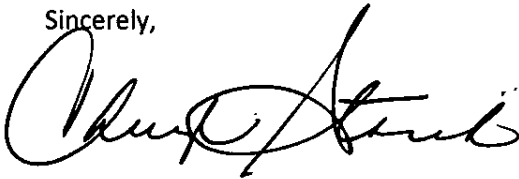
Florida Department of State
Registration Section
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Article of Amendment for The Hurricane Window & Door Factory LLC – L07000090269 &
Article of Amendment for Hurricane Window & Door Technologies LLC – L07000090302

Enclosed please find a check in the \$120.00 for the (Filing Fee, Certificate of Status, & Certified Copy)

You can reach The Hurricane Window & Door Factory at 239-768-3662.

Sincerely,



Cheryl Stanek

12141 Crystal Condo Rd.
Fort Myers, FL 33966



www.HWDFactory.com

1-877-776-8388
239-768-3662 F: 239-768-3317

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Hurricane Window Door Factory 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:

Ronald Stanek
Name of Person

The Hurricane Window Door Factory LLC
Firm/Company

12141 Crystal Condo Road
Address

Fort Myers FL 33966
City/State and Zip Code

Ron Stanek @ aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ron Stanek at 239, 768-3662
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input 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

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

The Hurricane Window & Door Factory 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 4-7-2008 and assigned Florida document number 607000090269.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

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:

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
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MGR	Merhige, Peter	12141 Crystal Condo Rd Fort Myers, FL 33966	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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MGR	DAVIS, Mark	12141 Crystal Condo Rd Fort Myers, FL 33966	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 6-4, 2009



Signature of a member or authorized representative of a member
Ronald Stawek

Typed or printed name of signee