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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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M. Thomas MAY - 5 2008

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MATESTIC GLASS AND ALUMINUM L.L.C. (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:	
RICHARD FRASER (Name of Person)	
MAJIESTIC GLASS & ALUMINUM L.L.C. (Firm/Company)	-الة
735 N.E. 19 th PL (Address) CAPE ODPAL FL. 33909 (City/State and Zin Code)	
CAPE ORAL FL. 33909 (City/State and Zip Code)	
For further information concerning this matter, please call:	
KICHARD - FRASER at (239) 440-3860	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{S55.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\ \text{Certified Copy (additional copy is enclosed)} \end{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

MATESTIC GLASS (Name of the Limited Li	ability Company as it now appears of orida Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liab		19-08 and assigned	
Florida document number			
This amendment is submitted to amend the follow	ing:		
A. If amending name, <u>enter the new name of th</u>		SECRITALLES	型
The new name must be distinguishable and end with t "L.L.C."	the words "Limited Liability Company	"the designation "LLC" or the abbreviation	· 19
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new	<u>/</u>
Name of New Registered Agent:	N.A.		
New Registered Office Address:	MA. (Ente	r 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MCR. President	CHAPLES RIDER	2504 S.E 8th Pl.	Add Remove
MGRW NGE NGESIDE	RICHARD FRASCE	1922 S.W 28 th LN	Add Remove
			Add Remove
			-2 PA
			Remove
D. If amendi	ng any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary	
_			
 Dated4	29 — 29	<u>09</u> .	
-	Signature of a member	er or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00