## L08000018420

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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Special Instructions to Filing Officer:					
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<sub>AUG</sub> – <b>8</b> 2008					
EXAMINER					

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SECRETARY OF STATE

## **COVER LETTER**

	egistration Section ivision of Corporations					
SUBJECT	(Name of Limited Liability Company)					
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please retu	Please return all correspondence concerning this matter to the following:					
	RICHARD TRASIER (Name of Person)					
	MATIESTIC GIASS AND ALUMINUM LL.C. (Firm/Company)					
	735 N.E 19th PL. UNIT # 2					
	CAPE CORAL FL. 33909 (City/State and Zip Code)					
For further	information concerning this matter, please call:					
-Ru	(Name of Person) at (235) 440 - 3860 (Area Code & Daytime Telephone Number)					
Enclosed i	s a check for the following amount:					
\$25.00	Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)	sed)				

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 GIASS AND ALMINUM L.L.C.

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

(A Florida Limited Liability Company)

(A F	Torida Limited Lia	bility Compa	ny)	<u>veqrus.</u> )		
The Articles of Organization for this Limited Lial	bility Company w	vere filed on	2-1	9-08 a	nd assigned	
Florida document number <u>LDB000018</u> 2						
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	he limited liabili	ity company	here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Co	ompany," the de	signation "LLC" o	or the abbrevia	tion
Enter new principal offices address, if applicat	ole:				·	
(Principal office address MUST BE A STREET	ADDRESS)					
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE Be		-		SECALIJAN DE STA TALLAHASSEE FLOR	F [L ≡ D) 08 AUG +7 AM 8:	_ _ _
B. If amending the registered agent and/or registered agent and/or the new registered office			on our recor	ds, enter the na	im of the r	<u>1ew</u>
Name of New Registered Agent:	RICHAI	2D F	SUSSIN	<del>-</del> ,	<del></del>	_
New Registered Office Address:	735 N	.E. 19	(Enter Floria	Un 14 d la street address)	<u> </u>	
	دمك ر	0,24.( (City)	, ]	Florida <u>F(</u> (Zi	<b>3390</b> ° p Code)	7
New Registered Agent's Signature, if changing Re	gistered 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 = Man MGRM = M	ager anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
·	CHAPLES RIDER	2504 S.E. B. H. PL.	Add Remove
MGR	RICHARD FRASER	1922 S.V.L 20 HZ LN.	Add Remove
			Add Remove
	-	e(s) here: (Attach additional sheets, if necessar	
Dated	Signature of a member Pichal	or authorized representative of a member  + P45 E2  or printed name of signee  Page 2 of 2  illing Fee: \$25.00	OB AUG -7 AM 8: 36  SECRE ANY DE STATE TALLAH ASSER FLORIDA