

L08000034310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

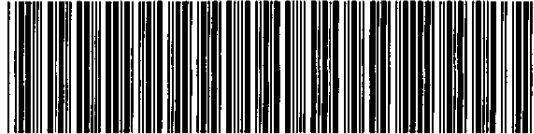
Special Instructions to Filing Officer:

A. LUNT

MAY - 7 2008

EXAMINER

Office Use Only



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05/06/08--01023--008 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 MAY - 6 P 4: 32

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850 PARK SHORE DRIVE
TRIANON CENTRE - THIRD FLOOR
NAPLES, FL 34103
239.649.6200 MAIN
239.261.3659 FAX
woneill@ralaw.com

May 5, 2008

Department of State Division of Corporation
Corporate Filings
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Aluminum Designs, LLC (Aluminum D, LLC)
Florida Document number L08000034310

To Whom It May Concern::

Enclosed please find the Articles of Amendment to Articles of Organization for Aluminum Designs, LLC to change the name to Aluminum D, LLC.

Please file the Articles of Amendment to Articles of Organization for Aluminum Designs, LLC. I have enclosed checks to cover the cost of the filing.

If you have any questions please give me a call.

Very truly yours,

ROETZEL & ANDRESS


William R. O'Neill

WRO/rc
Enclosures

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALUMINUM DESIGNS, 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:

WILLIAM R. O'NEILL, ESQ

(Name of Person)

ROETZEL & ANDRESS, LPA

(Firm/Company)

850 PARK SHORE DRIVE

(Address)

NAPLES, FLORIDA 34103

(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

WILLIAM R. O'NEILL at (239) 649-6200
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$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**

ALUMINUM DESIGNS, 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 APRIL 3, 2008 and assigned
Florida document number L08000034310.

This amendment is submitted to amend the following:

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

ALUMINUM D, LLC

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

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)

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TALLAHASSEE, FLORIDA

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

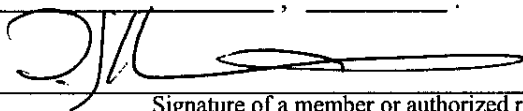
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 MAY - 6
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 TALLAHASSEE, FLORIDA

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

Dated _____, _____



Signature of a member or authorized representative of a member

DOUGLAS G. HANKS

Typed or printed name of signee