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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Screen and Aluminum, LCC
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:

Robert Pobillard Name of Person	·	
American Screen and Aluminum Firm/Company)	
1449 Secretariat Place		
Chuluota, FL 32766 City/State and Zip Code	2019 DEC SLOKET TALLAH	
E-mail address: (to be used for future annual report notification)	4887.	A COMPANY
For further information concerning this matter, please call:	AM IO: 29	-
Name of Person at (401) 484 - 474 Area Code & Daytime Telephone Number	29 	
Enclosed is a check for the following amount:		

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

American Screen and Aluminum, 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 Liab Florida document number 108000	oility Company were filed on 41	and assigned
This amendment is submitted to amend the follow	ving:	·
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicat	ole:	A STATE OF THE STA
(Principal office address MUST BE A STREET	ADDRESS)	5000
		1 0 T
Enter new mailing address, if applicable:		: 20 PATE
(Mailing address MAY BE A POST OFFICE Be	<u>ox</u>)	
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter I	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 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** Address Type of Action Name Ely Ortiz 1449 Secretariat Dadd Pl. Chuludta, FL 32766 Remove

D. , If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-	
_	
_	
Dated I	Jecember 2, 2013.
,	Rieses Person
	Signature of a member or authorized representative of a member
	Robert Robillard
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 DEC -6 AM IO: 29
TALL AHASSE PELORIDA

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