

L0800003660

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DEC 09 2013

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: American Screen and Aluminum, 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:

Robert Robillard  
Name of Person

American Screen and Aluminum  
Firm/Company

1449 Secretariat Place  
Address

Chuluota, FL 32766  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Robillard at (407) 484-4241  
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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

American Screen and Aluminum, LLC

Page 1 of 3

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>                   |
|--------------|-------------|------------------------|---|
| MGR          | Ely Ortiz   | 1449 Secretariat       | <input checked="" type="checkbox"/> Add |
|              |             | Pl. Chuluota, FL 32766 | <input type="checkbox"/> Remove         |
|              |             |                        | <input type="checkbox"/> Add            |
|              |             |                        | <input type="checkbox"/> Remove         |
|              |             |                        | <input type="checkbox"/> Add            |
|              |             |                        | <input type="checkbox"/> Remove         |
|              |             |                        | <input type="checkbox"/> Add            |
|              |             |                        | <input type="checkbox"/> Remove         |
|              |             |                        | <input type="checkbox"/> Add            |
|              |             |                        | <input type="checkbox"/> Remove         |
|              |             |                        | <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.)

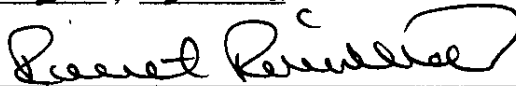
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Dated December 2, 2013.



Signature of a member or authorized representative of a member

Robert Robillard

Typed or printed name of signee

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Filing Fee: \$25.00

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