P07000066156

(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:

Office Use Only



000128919740

05/13/08--01020--005 **35.00

Amens



COVER LETTER

 $f = \{ \cdot \mid \cdot \mid_{t \in T} \}$

TO:	Amendment Section
	Division of Corporations

NAME OF CORPORATION: ALPHA SHUTTERS CORP.				
DOCUMENT NUMBER: P07000066/56				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
NESTOR BOULA. (P) (Name of Contact Person)				
ALPHA SHUTTERS, CORP. (Firm/Company)				
173 COCOPLUM LANE				
ROYAL PALM, FL. 33411. (City/ State and Zip Code)				
For further information concerning this matter, please call:				
(Name of Contact Person) at (56/) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$35 Filing Fee \$\ \text{Certificate of Status}\$\$ Certified Copy (Additional copy is enclosed) \$\ \text{Certified Copy (Additional Copy is enclosed)}\$\$ Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

Articles of Amendment

FILED

	A -4'-16'	OB MAV 1
	Articles of Incorporation	
	, , ,	FOR TARY OF
ALPI	HA SHUTTER	S CORPLANASSEE PLONE
(Name of con	poration as currently filed with the Fl	orida Dept. of State)
	0700006615 Document number of corporation (if	
Pursuant to the provisions of sect adopts the following amendment		
NEW CORPORATE NAME (i	f changing):	
(Must contain the word "corporation," " (A professional corporation must contain		bbreviation "Corp.," "Inc.," or "Co.") association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (and/or Article Title(s) being ame	-	NGE) Indicate Article Number(s) ECIFIC)
ARTICLE H	- VII_	
To Amend one	alletional off	ices to The corporation:
TITLE: OPE	ERATIONS MGR.	
NAME: NO	RLAN LUGON)ES

(Attach additional pages if necessary)

BRIAR WOOD DR

ADDRESS:

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption: APNIL 30 2008
Effective date if applicable: APUL 30 2008 (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval by
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and
shareholder action was not required.
Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
NESTOR BONILA. (Typed or printed name of person signing)
(Typed of printed finding of person signing)
PRESIDENT
(Title of person signing)

FILING FEE: \$35