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## **COVER LETTER**

10.	Division of Cor					
SUBJE	Guptill Grou					
SCBSL		Name of Lim	ited Liability Company			
The end	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
		ndence concerning this matter	_			
		Richard Guptill				
		- Contract Couperin	Name of Person			
		Guptill Group LLC				
			Firm/Company			
		1205 NE 11th Terrace				
			Address			
		Cape Coral, FL 33909				
		n: 1 10 .:110	City/State and Zip Co	ode		
		RichardGuptill@comcast.ne  E-mail address: (	et to be used for future anr	nual report notifica	ation)	
For furt	her information co	oncerning this matter, please ca		·		
Richard	l Guptill		207	332.6005		
	Name of	Person	at () Area Code	Daytime To	elephone Number	_
Enclose	ed is a check for th	e following amount:				
□ \$25	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing F Certified Copy (additional copy is	y	Sectificate of Certified Copy (additional copy)	Status & SECRETA
	Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations ox 6327 ssee, FL 32314	Regis Divis Clifto 2661	EET/COURIER stration Section sion of Corporation on Building Executive Cente hassee, FL 3230	ons FLORIDE	ILEU RY OF STATE CORPORATIONS

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Guptill Group, LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on c a Limited Liability Company)	<u>ur records.</u> )
The Articles of Organization for this Limited Liability C Florida document number $\frac{L15000057674}{L15000057674}$	Company were filed on April 01	, 2015 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Richard Guptill, LLC		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our	records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sti	reet address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and cacept the obligations of my position as registered a being filed to merely reflect a change in the registere	complete performance of my a gent as provided for in Chapt	luties, and I am familiar with and ter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
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tive date, if other than the fective date is listed, the date	must be specific and	cannot be prior to		iore than 90 days		
If the date inserted in this ment's effective date on the	s block does not me e Department of St	ect the applicat ate's records.	ole statutory filir	g requirements	, this date will 声俗	not be liste
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90th day after the i	record is filed.				H C	AR ORP
June 12		2015			LOS I	08A11U <b>8: 2</b> L
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Typed or printed name of signee

Filing Fee: \$25.00