

L16000011856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

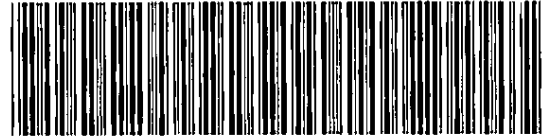
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

b2to

Office Use Only



900317079549

08/21/18--01012--021 \*\*25.00

18 OCT 22 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

OCT 23 2018  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 25, 2018

FLETCHER STARK  
ARTIFEX GUTTER INSTALLATION, LLC  
5251 CHESTNUT LAKE DRIVE  
JACKSONVILLE, FL 32258

SUBJECT: ARTIFEX GUTTER INSTALLATION, LLC  
Ref. Number: L16000011856

We have received your document for ARTIFEX GUTTER INSTALLATION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The business entity that you are forming cannot serve as its own registered agent. You may designate an individual or another business entity with an active registration or filing with this office. The newly designated registered agent must have a Florida street address and must sign accepting the designation. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 718A00017663

RECEIVED  
2018 OCT 22 PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED  
18 OCT 22 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ADDING OFFICER TO ARTIFEX GUTTER INSTALLATION, 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:

FLETCHER STARK  
Name of Person  
ARTIFEX GUTTER INSTALLATION, LLC  
Firm/Company  
5251 CHESTNUT LAKE DRIVE  
Address  
JACKSONVILLE, FL 32258  
City/State and Zip Code  
ARTIFEXGUTTERINSTALLATION@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

**FILED**  
**18 OCT 22 AM 11:14**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

For further information concerning this matter, please call:

FLETCHER STARK      904      3975695  
Name of Person      at (      )      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**

ARTIFEX GUTTER INSTALLATION, LC

(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 JAN 19 2016 and assigned Florida document number L16000011856

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED  
19 OCT 22 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

Fletcher STARK

New Registered Office Address:

5251 CHESTNUT LAKE DRIVE

Enter Florida street address

JACKSONVILLE

City

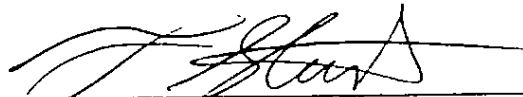
Florida

32258

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 605, 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

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

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
COO	DAVIS WELCH	5251 CHESTNUT LAKE DRIVE JACKSONVILLE, FL 32258	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
 OCT 22 11:15  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

Multiple horizontal lines for entering information.

FILED  
18 OCT 22 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

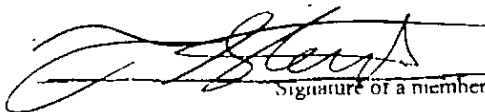
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 17 Oct 2018



Signature of a member or authorized representative of a member

FLETCHER STARK

Typed or printed name of signer