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| Special Instructions to | Filing Officer: | |
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Office Use Only

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COVER LETTER

| TO: Registration So Division of Cor | | | |
|---|---|---|--|
| SUBJECT: | tter Creat | tions, LLC | |
| | Name of Lim | iilea Liaonny Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Saira | Boucher Name of Person | |
| | Gutter | Creations, L | LC |
| | 159 Pin | e Bluff Blud | West |
| | Kingslar | City/State and Zip Code | 8 |
| | | .7676@ 6 mail. (to be used for future annual report not | |
| For further information of | concerning this matter, please c | all: | |
| James Name o | Boucher of Person | at (904) Area Code Daytin | ne Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| S25.00 Filing Fee | \$\times \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Fiting Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration Division of C P.O. Box 632 | Section Corporations | Street Address: Registration So Division of Co The Centre of | rporations |
| 1.O. DOX 03. | <u> </u> | THE CERRE OF | rananassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Gutter Creations, (Name of the Limited Liability Comp. (A Florida Limited | LLC | | | | |
|--|---|--|--|--|--|
| (Name of the Limited Liability Comp (A Florida Limited | pany as it now appears on our records.) I Liability Company) | | | | |
| The Articles of Organization for this Limited Liability Compan Florida document number <u>L21000402586</u> | y were filed on <u>09//0/202/</u> and assigned | | | | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | | | | |
| New Level Gutters, LLC The new name must be distinguishable and contain the words Limited Liab | bility Company," the designation "LLC" or the abbreviation "L.L.C." | | | | |
| Enter new principal offices address, if applicable: | 6971 Oakwood Street | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | Jacksonville, Fl 32208 | | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 159 Pine Bluff Blud W Kingsland OA 31548 | | | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | e address on our records, <u>enter the name of the new registerec</u> | | | | |
| Name of New Registered Agent: 1970 | 1 Oakwood Street Enter Florida street address | | | | |
| New Registered Office Address: 697 | Enter Florida street address | | | | |
| Jack | CSONUILLE Florida 32208 Zip Code | | | | |
| New Registered Agent's Signature, if changing Registered Agen | <u>u</u> | | | | |
| I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change. | s provided for in Chapter 605, F.S. Or, if this document is | | | | |

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|---------------------------------------|--|----------------|
| MGR | Saira Boucher | 159 Pine Bluff Blud W. | X iAdd |
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Filing Fee: \$25.00