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Email Address: ARTUDES 380 @ GUALL, COLL.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GOLD GUTTERS LLC**

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COVER LETTER

Division of Co			
	UTTERS LLC		
SUBJECT:	Name of l.in	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing	
	ondence concerning this matter	<u>-</u>	
	ARTURO J. DOS SANTO	DS	
		Name of Person	
	GOLD GUTTERS LLC		
		Firm/Company	
	15667 WILLOW ARBOR	CIRCLE	
		Address	
	ORLANDO, FL 32824		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	artudos380@gmail.com	(to be used for tunire annual report not	Heating
For further information	concerning this matter, please of	·	
ARTURO J. DOS SAN		305 804-8247	
Name	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addre Registration Division of O P.O. Box 63: Tallahassec,	Section Corporations 27	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOLD GUTTERS LLC			
(Name of the Limited Li (A.F.	ability Company as it now appears on our records.) lorida Limited Liability Company)		
The Articles of Organization for this Limited Liabili	ity Company were filed on 03/04/2022	and as	signed
Florida document number L22000112200			_
This amendment is submitted to amend the followin	g:	,	
A. If amending name, enter the new name of the	limited liability company here:		
SAINTS GUTTERS LLC			
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "Ll.C" or the	abbreviation "L	.L.C."
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET AL	 		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2		
B. If amending the registered agent and/or regist agent and/or the new registered office address her	ered office address on our records, <u>enter the na</u> re:	me of the per	w registered
Name of New Registered Agent:		~	
New Registered Office Address:		.:: , D	031 1031 1009
	Enter Florida street address	753	<u></u>
	, Florida _	77-2	
	C <i>i</i> ŋ'	Zio 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 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>	Address	Type of Action
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			□Remove
]Change
			-
			□Remove
			□ Change
			□Add
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ffective date, if other that an effective date is listed, the di fote: If the date inserted in ocument's effective date on	ite must be specif this block does	ic and cannot be p not meet the ap-	rior to date of filir plicable statutor	ig or more than 90 c	_ (optional) days after filing.) Purs ents, this date will	uant to 605.020° not be listed as
ecord specifies a delayed entire is filed.	Tective date, bu	n not an effectiv	e time, at 12:01	a.m. on the earli	er of: (b) The 90:	h day after the
ated APRIL 13		2022	·			
h	- T -			ntative of a membe		

Typed or printed name of signee