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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

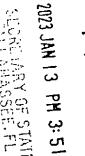
Office Use Only



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FILED

## **COVER LETTER**

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TO: Registration Section Division of Corporations	
SUBJECT: Alchemy Hon	Name of Limited Liability Company
The enclosed Articles of Amendment a	and fee(s) are submitted for filing.
Please return all correspondence conce	rning this matter to the following:
	Summer Perez
_Ala	themy Seamless Gutters LLC Firm/Company
	7928 Congress St Suite B
<u> </u>	City Richey, Fl 34lele 8
Su	Emmer @ Dlobe night me Strivices from E-mail address: (10 be used for future annual report notification)
For further information concerning this	s matter, please call:
Summer Perez	at ( 717 ) 243 - 0837 Area Code Daytime Telephone Number
Enclosed is a check for the following a	imount:
	Filing Fee & U \$55.00 Filing Fee & U \$60.00 Filing Fee, icate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alchemy I-tone Serve	es Lutter Division  ability Company as it now appears on our reco  orida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liabili	ty Company were filed on \(\big  \big  \big  \big  \big  \big	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the  Alchemy Seamless Sur  The new name must be distinguishable and contain the words	Hers LIC	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	2023
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX	<u></u>	RY OF STATE
B. If amending the registered agent and/or regist agent and/or the new registered office address he	· · · · · · · · · · · · · · · · · · ·	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	lress
_		Florida
	City	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>	Name	Address	Type of Action
			🗆 Add
			□Remove
			□Change
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Note: 1	the date, if other than the date of filing:
he record ord is tile	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 d.
Dated _	January to 2022
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00