## L05000076381

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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Sect Division of Corpo							
SUBJECT: A Gutter	Company L.L.C.						
	(Name of Limi	ted Liability Company)					
recording to	F1 - 1	1					
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.					
Please return all correspond	dence concerning this matter	to the following:					
	Jay D. Honea						
		(Name of Person)					
A Gutter Company L.L.c							
		(Firm/Company)					
	2550 W. Scarlet Oak Ct.						
(Address)							
	Sarasota,Fl. 34232						
		(City/State and Zip Code)					
For further information concerning this matter, please call:							
Jày D. Honea		at ( 941 ) 928-7477					
	(Name of Person) (Area Code & Daytime Telephone Number)						
Enclosed is a check for the following amount:							
2 \$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

08 OCT 27 AM 10: 32

A Gutter Company "LLC"

SECRETARY OF STATE TALLAHASSEE FLORIDA

(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 08-03-2005	and assigned
Florida document number L05000076381	<del>.</del>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the design	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		•
(Principal office address MUST BE A STREET ADD	ORESS)	
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 ad		enter the name of the new
Name of New Registered Agent:	,	
New Registered Office Address:		
	(Enter Florida :	street address)
	7	orida
	(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 608, 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 conending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM	Michael A Maruca	2583 W. Scarlet Oak Ct. Sarasota.Fl.34232	Add Remove
			T Demove
			Add Remove
D. If an	nending any other information, enter cha	inge(s) here: (Attach additional sheets, if neces:	sary.)
			98 OCT 2
Dated	10-24-2008	·	7 AMIO: 32 SSEE FLORIDA
	Signature of a mem	iber or authorized representative of a member  MANUA ped or printed name of signee	<b>D</b> <sup>1</sup> ,

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Filing Fee: \$25.00