

L05000119216

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000257667 3)))



H130002576673ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : A1A REGISTERED AGENT INC.
Account Number : I20090C00032
Phone : (561) 792-2236
Fax Number : (561) 202-8082

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: BEGAGENTSERVICES@YANOD.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ADVANCED GUTTER SYSTEMS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

13 NOV 21 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 NOV 21 AM 8:12

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

NOV 22 2013

T. HAMPTON

413000257667 3

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ADVANCED GUTTER SYSTEMS LLC

(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 12/14/2005

Florida document number L05000119216

FILED
 2013 NOV 21 AM 8:12
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 end with 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)

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:

New Registered Office Address:

Enter Florida street address

_____, 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 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

H13000257667 3

If amending 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MICHAEL A BUGGS	387 POPE ST	<input type="checkbox"/> Add
		FREEPORT, FL 32439	<input checked="" type="checkbox"/> Remove
MGRM	CANDE ESTELLE BUGGS	387 POPE ST	<input checked="" type="checkbox"/> Add
		FREEPORT, FL 32439	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 NOV 21 AM 8:12

FILED
Add
Remove

H13000257667 3

H13000257667 3

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

Dated NOVEMBER 14 , 2013

Michael A Buggs

Signature of a member or authorized representative of a member

MICHAEL A BUGGS

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 NOV 21 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H13000257667 3