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J. Stevers MAR

COVER LETTER

oorations		,
Paul Ada	am Koci ited Liability Company	
Amendment and fee(s) are sub	mitted for filing.	
ndence concerning this matter	to the following:	
	Paul Koci	
Sunshine	Seamless Gu	utters
	Firm/Company	
233 Buei	na Vista Stree	et
	Address	
DeBary,	Florida, 32713	3
	City/State and Zip Code	7 1
sunshines	eamless qutters	a gmail.corr
		canon, G
		7309
Person	Area Code Daytime	Telephone Number
e following amount:		
☐ \$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
	Sunshine Sunshine DeBary , Sunshinese E-mail address: (oncerning this matter, please can be supported by the sunshine see support to the sunshine see sunshin	Paul Adam Koci Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Paul Koci Name of Person Sunshine Seamless Gu Firm/Company 233 Buena Vista Street Address DeBary , Florida , 32713 City/State and Zip Code Sunshine Seamless gutters E-mail address: (to be used for future abdual report notification for future addual report no

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

Paul Adam Koci

(<u>Name of the Limited Liability</u> (A Florida	(Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Confide document number <u>L130004077</u> . This amendment is submitted to amend the following:	ompany were filed on $\frac{7/31/2013}{}$ and
A. If amending name, enter the new name of the limit Sunshine Seamless & The new name must be distinguishable and end with the words "Lim	iutters LLC
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESS)
	54
	
	en e
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our records, enter the names here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	771
	, Florida

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 co provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this debeing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liat company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered A

MGR = Mai AMBR = Aut	nager thorized Member	
<u>Title</u>	<u>Name</u>	Address Type
MGR	Michelle Spano	233 Buena Vista St. Debary, FL 32713
		A

If amending the Managers or Authorized Member on our records, enter the title, name, and address of eac Authorized Member being added or removed from our records:

. If ame		ny other info いんねれも								
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		, if other than			freeint or filed da	te and c	annot b	e more than 9	(optional)	
(The effective date	ctive date this docu		, cannot be	prior to date o	f receipt or filed da State)	te and c	annot b	e more than 9		
(The effe	ctive date this docu	must be specific	cannot be the Florida	prior to date o					0 days after	

Page 3 of 3

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