113000145220

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300258975773

04/29/14--01017--013 **60.00



Lemmar MAY 0 5 2014

COVER LETTER

Division of Corporations
SUBJECT: T-Pub Seam (55 Gotters LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Isar Jones
T.Pub Seambs Gotters LLC Firm/Company
1504 Bay RO APH# 709
miami Beach, FL 33139 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tsack Torks at (616) 325-4365 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 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

T-Pub Seamless	Gutters
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L / 300 0 145 2 2 0</u> .	were filed on $\frac{10/15/2013}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability National Storm Solution: The new name must be distinguishable and end with the words "Limited Liability	S 64C
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 offi registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	SE ALL
New Registered Office Address:	Enter Florida street oddress
	City , Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	RION STATE
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change. It Change	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

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

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
		N/A	Remove
			□ Remove
			
		MA	Remove
			Add 14 App 29
			R 29
			□ Add □ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	_
	_
E. Effective date, if other than the date of filing: (optional) (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)	
Dated Apr: 1 23 , 2014	
Signature of a member or authorized representative of a member	
TSour Sones Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

14 APR 29 WILL III