

L13 000 145220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

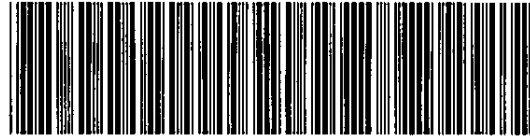
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JOHNSTON MAY 05 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: T-Pub Seamless Gutters 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:

Isaac Jones  
Name of Person

T-Pub Seamless Gutters LLC  
Firm/Company

1504 Bay RO Apt # 709  
Address

miami, Beach, FL 33139  
City/State and Zip Code

IsaacJones93@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Isaac Jones 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 & 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

## T-Pub Seamless Gutters

National Storm Solutions LLC

Page 1 of 3

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 = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
|              |             |                | <input type="checkbox"/> Add    |
|              |             | N/A            | <input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Add    |
|              |             | N/A            | <input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Add    |
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|              |             | N/A            | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
N/A  
\_\_\_\_\_  
\_\_\_\_\_

**E. Effective date, if other than the date of filing:** N/A **(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 April 23, 2014

\_\_\_\_\_  
  
Signature of a member or authorized representative of a member

Isaac Jones

Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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