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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration S Division of Co | | • | , |
|-----------------------------------|--|---|--|
| | Seamless Gutters, LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | `Amendment and fee(s) are sub | mitted for filing | |
| | ondence concerning this matter | _ | |
| | Steven L. Quick | | |
| | | Name of Person | |
| | Champion Seamless Gutter | rs, LLC | |
| | · · · · · | Firm/Company | |
| | 2410 Jasmine Avenue | | |
| | | Address | |
| | Middleburg, FL 32068 | | |
| | | City/State and Zip Code | |
| | championguttersllc@gmail. | com to be used for future annual report notifi | ication) |
| For further information of | concerning this matter, please ca | · | outon, |
| Steven L. Quick | | 904 586-7279 | |
| Name o | of Person | at () | Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| S25.00 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

| Champion Seamless Gutters, LLC | | |
|---|--|------------------------------|
| (<u>Name of the Limited Lia</u> (A Flo | bility Company as it now appears on our records rida Limited Liability Company) |) |
| The Articles of Organization for this Limited Liability | y Company were filed on April 7, 2015 | and assigned |
| Florida document number L15000060819 | - | |
| This amendment is submitted to amend the following | ; | |
| A. If amending name, <u>enter the new name of the l</u> | imited liability company here: | |
| The new name must be distinguishable and contain the words "I | Limited Liability Company," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | <u> </u> | |
| Principal office address MUST BE A STREET AD | DRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | ************************************* | |
| Mailing address MAY BE A POST OFFICE BOX) | <u> </u> | 7 |
| | | |
| | | SS 40 |
| 3. If amending the registered agent and/or re | | enter the name of the ne |
| egistered agent and/or the new registered office a | ddress here: | |
| | | 6 |
| Name of New Registered Agent: | | q) |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Flo | rida |
| | City | Zin 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 605, 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------------|------------------------|----------------|
| AMBR | William K. Sweat | 3723 Galaxy Point | |
| | | Middleburg, FL 32068 | ☐ Remove |
| | | | ☐ Change |
| AMBR | Richard L. Trevathan | 5655 Connie Jean Road | ■ Add |
| | | Jacksonville, FL 32222 | ☐ Remove |
| | | | ☐ Change |
| | | | Add |
| | | | ☐ Remove |
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| ive date, if other than th | ne date of filing: | (optional): | 0.9 |
| ective date is listed, the date m If the date inserted in this | nust be specific and cannot be prior to date of f block does not meet the applicable statut Department of State's records. | filing or more than 90 days after filing.) Purs | |
| cord specifies a delayo 90th day after the re | ed effective date, but not an effectord is filed. | ective time, at 12:01 a.m. on the | he earl |
| March 15 | 2017 Signature of a member or authorized representations. | | |
| | ~ | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00