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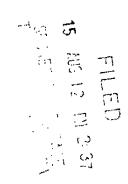
(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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U8/12/15--01005--026 **25.00



AUG 13 2015 S. YOUNG



COVER LETTER

Division of Cor	porations		
SUBJECT: 5	mless Gulles Name of Lim	of Pensacolo, ited Liability Company	L.L.C.
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Name of Person House Firm/Company	ela, l.l.C
		4	ŕ
	6055 HIA	Address	
	Milton, FC	City/State and Zip Code	
		City/State and Zip Code City/State and Zip Code to be used for future annual report notif	ication)
For further information co	oncerning this matter, please c	all:	ان ا
Sosk May Name of	Ferson	at (#50) - 807 - Area Code Daytime	1399 Telephone Number
Enclosed is a check for th	ne 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:

TO:

Registration Section

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

(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 Li Florida document number <u>47 - 427</u> 6				
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	f the limited liabil	lity company here	:	
The new name must be distinguishable and contain the w	ords "Limited Liabili	ty Company," the desi	gnation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:			***
(Principal office address MUST BE A STREE	T ADDRESS)			77.
				167
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		***************************************	
B. If amending the registered agent and/ registered agent and/or the new registered of	<u>ffice address here</u>	:		
Name of New Registered Agent:	Josh	Maytic	eld	
New Registered Office Address:	7640 C	Enter Florid	SL- a street address	
	Yeurna	Enter Florido O / A - City	, Florida _	32514 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 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

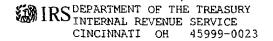
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Chris McCline	Mitton, Fl 32571	□ Add
		Mitton, Fl 32571	□ Remove
			☐ Change
		Alexandria Malarina and Alexandria Malarina de Santonia de Santoni	□ Remove
			Change
			□ Remove
			Change
			Add5 [7]
		.	□ Remove
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ective date, if other	than the date of filing	92/12	12015	(option:	ah
effective date is listed, t	he date must be specific and o	annot be prior to date of	filing or more than	90 days after fili	ing.) Pursuant to 605.020
	d in this block does not me c on the Department of St		itory filing requi	rements, this da	ite will not be listed a
	·				
record specifies a	delayed effective da	ate, but not an eff	ective time, a	at 12:01 a.n	n. on the earlier (
	r the record is filed.	•	·		
,	,				
ed <i>8/10/</i>	12	·			
	Signatura of a m	omber or authorized repr	neentative of a me	mber	
	orginature of a fil	жилет от авинописи терп	esemante of a me	inna.	
		Typed or printed name of			

Page 3 of 3

Filing Fee: \$25.00



Date of this notice: 06-15-2015

Employer Identification Number:

47-4276622

Form: SS-4

Number of this notice: CP 575 B

SEAMLESS GUTTERS OF PENSACOLA CHRISTOPHER GLENN MCCLURE MBR 6055 HIALEAH ST MILTON, FL 32571

For assistance you may call us at: 1-800-829-4933

150

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-4276622. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

04/15/2016

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.