L16000011856

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE
JALLAHASSEE, FLORIDA

OCT 23 2018 S. YOUNG



August 25, 2018

FLETCHER STARK ARTIFEX GUTTER INSTALLATION, LLC 5251 CHESTNUT LAKE DRIVE JACKSONVILLE, FL 32258

SUBJECT: ARTIFEX GUTTER INSTALLATION, LLC

Ref. Number: L16000011856

We have received your document for ARTIFEX GUTTER INSTALLATION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The business entity that you are forming cannot serve as its own registered agent. You may designate an individual or another business entity with an active registration or filing with this office. The newly designated registered agent must have a Florida street address and must sign accepting the designation. Please amend your document accordingly.

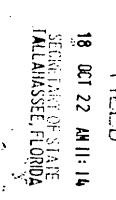
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 718A00017663





COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co		•		
SUBJECT:	OFFICER TO ARTIFEX GUT	ited Liability Company	LLC	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	FLETCHER STARK			
		Name of Person		- 17 SE - 68
	ARTIFEX GUTTER INS	TALLATION, LLC		E BE
	FOEA CHECTHUT LANGE	Firm/Company		22 SSE
	5251 CHESTNUT LAKE	DRIVE		AN 11: 14 OF STATE E. FLORID.
		Address		OR THE
	JACKSONVILLE, FL 32	2258		
	ARTIFEXGUTTERINSTA	City/State and Zip Code LLATION@GMAIL.CO)M	
	E-mail address: (to be used for future annual	report notification)	
For further information	concerning this matter, please ca	all;		
FLETCHER STARK		904 39 at ()	75695	
Name	of Person	Area Code	Daytime Telephone l	Number
Enclosed is a check for t	the following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy fadditional copy is enc	closed) Co	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
Regist Divisi	JNG ADDRESS: ration Section on of Corporations Box 6327	Registrat	Γ/COURIER ADDRI ion Section of Corporations Building	ESS:

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTIFEX GUTTER INSTALLATION (Name of the Limite	ON, LC d Liability Company A Fiorida Limited Lie	y as it now appears ability Company)	on our records.)	<u> </u>
The Articles of Organization for this Limited Lin Florida document numberL16000011856				and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liabil	ity company her	<u>re</u> :	
The new name must be distinguishable and contain the w	ords "Limited Liabilii	ty Company," the de	signation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applic	able:			7.5
(Principal office address MUST BE A STREE	T ADDRESS)		<u></u>	至 图 ①
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			22 MII: IL
B. If amending the registered agent and registered agent and/or the new registered o	or registered of	fice address on	our records, <u>er</u>	iter the name of the ne
Name of New Registered Agent:	Flet	ther	STARK	
New Registered Office Address:	5251 CHESTN	NUT LAKE DRIV	E rida street address	
	JACKSONVIL	LE	, Florid	a 32258
		City		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 =	Manager	
AMBR =	Authorized	Member

Title	<u>Name</u>	Address	Type of Action
COO	DAVIS WELCH	5251 CHESTNUT LAKE DRIVE JACKSONVILLE, FL 32258	
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add ED
			CRETTING OF BANGE
			FLORIUM A
			☐ Remove
			□ Change
			Remove
			Change
			Add
			☐ Remove
			☐ Change

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If an effect Note: It	ctive date is listed, the d If the date inserted in	on the date of filing: ate must be specific and of this block does not me the Department of Sta	cannot be prior to date eet the applicable s	of filing or more than 90	(optional) days after filing.) Pun ments, this date will	suant to 605.0207 (3 not be listed as the
he reco	ord specifies a de 90th day after th	elayed effective da e record is filed.	ate, but not an	effective time, at	12:01 a.m. on	the earlier of:
Dated_	1700	<u>+</u>	2018			
		9-1				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00