L160000	036609
(Requestor's Name) (Address)	900373642719
(Address)	300373042713
(City/State/Zip/Phone #)	10/19/2101015011 ++25.00
(Business Entity Name)	
(Document Number)	21 001
Certified Copies Certificates of Status	13 Fil 12
Special Instructions to Filing Officer:	ξ
Office Use Only	T. MATTHEWS
	NOV 1 2021

COVER LETTER

TO: Registration Section Division of Corporations

Naples Gutter Solutions

SUBJECT:

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:

Kristin Dangler Name of Person Naples Gutter Solutions Firm/Company 1221 11th st sw Address Naples FL 34117 City/State and Zip Code to be used for future annual report notification) For further information concerning this matter, please call: Kristin Dangler 239 at (____ Name of Person Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

	AMENDMENT O	
	DRCANIZATION	
C)F	2
Naples Gutter Solutions	OF 21 COT 19 1	112:39
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.)	
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company	/ were filed on <u>02/22/2016</u>	and assigned
Florida document number L16000036609		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	allity company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."
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)	······	
	····	
D. If any other share with a state of the st		
B. If amending the registered agent and/or registered office a <u>agent and/or the new registered office address here</u> :	address on our records, <u>enter the n</u>	ame of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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 we 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 documen 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being ad</u> or removed from our records:

MGR = N $AMBR = A$	nager thorized Member			
<u>Title</u>	Name	Address	21 007 19 PHI2:	39 Type of Action
AMBR	Kyle Dangler			🗆 Add
		3561 25TH AVE S	SW Naples FL 34117	Remove
				Change
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D.	If amending any other information, enter change(s) here	(Attach additional	sheets, if	^e nęcessary.)
			· .	••

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	21 607 10 1712:39
k	
late, if other than the date of filing:	(optional)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated ____ Righture of a member or authorized representative of a member

Ryan Dangler

Typed or printed name of signee