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COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT:	er Seamle Name of Lim	SS Gutter L	LC_
The enclosed Articles of Am	endment and fec(s) are sub	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
		Name of Person	
		Firm/Company	
	3110 8	Bellevue Street	
	Sarasoto titusDaa	City/State and Zip Code	<u> </u>
Park athering		to be used for future annual report notificat	юп)
For further information conce	erning this matter, please ca	aii.	
Titus M C Name of Per	rarber_	at (941) 780-C Area Code Daytime Te	1707 lephone Number
Enclosed is a check for the fo	ollowing 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: Degistration Section	tion	Street Address: Registration Section	រោ

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Miller Seamless C. (Name of the Limited Liability Companion (A Florida Limited Li	iv as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company of Florida document number	were filed on April 1320	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ty Company," the designation "LLC" or	the abbreviation "L.L.C." Screet 34237
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	:
	, Florid	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		5.) 2
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p	performance of my duties, and I	am familiar with and

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
			□Add
			□Remove
			□Change
			□ Remove
			□Change
			□Add
			□Remove
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effective of the		date must be sp n this block d	pecific and a loes not ma	cannot be pri eet the appl	icable statut	ling or more t	nan 90 days a		ursuant to 605.020 If not be listed as
ord spec filed.	ifies a defayed	effective date	e, but not a	an effective	time, at 12:0	01 a.m. on th	e earlier of	(b) The 9	90th day after the
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		Signa	ture of a m	M ember or aut	horized repre	ala sentative of a	member		
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