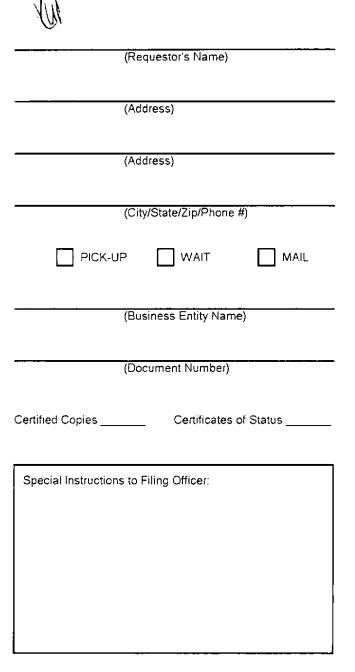
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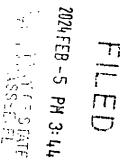


Office Use Only



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Registration Section

TO:

Div	ision of Corp	orations				
	SEAMLESS FLOW WATER AND AIR TECHNOLOGIES LLC					
SUBJECT: Name of Limited Liability Company						
The enclosed	Articles of A	amendment and fee(s) are sub	mitted for filing.			
Please return	all correspor	dence concerning this matter	to the following:			
		MARK BROWN				
		· · · · · · · · · · · · · · · · · · ·	Name of Person			
		SEAMLESS FLOW GUT	TERS LLC			
Firm/Company						
		5806 32ND AVE DR E			•	
			Address		 	
		PALMETTO, FL 34221				
		-	City/State and Zip Code			
		Tonya@ellentonats.com				
			to be used for future annual	report notification)		
For further in	iformation co	neerning this matter, please co	all:			
MARK BROWN			9-8008			
	Name of	Person	Area Code	Daytime Telepho	one Number	
Enclosed is a	check for the	e following amount:				
■ \$25.00 F		☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee of Certified Copy (additional copy is enc		\$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		Division The Cen	ddress: ation Section n of Corporatio ntre of Tallahas . Monroe Stree	ssee		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEAMLESS FLOW WATER AND AIR			peneds)			
(A Fig.	orida Limited I	ny as it now appears on our re liability Company)	(<u>.s.n. u.s.</u>)			
The Articles of Organization for this Limited Liabilit Florida document number L16000192726	ty Company	were filed on 10/20/2016	and assigned			
This amendment is submitted to amend the following	g:					
A. If amending name, enter the new name of the	limited liab	ility company here:				
SEAMLESS FLOW GUTTERS LLC						
The new name must be distinguishable and contain the words	Limited Liabil	lity Company," the designation	"LLC" or the abbreviation "L.L.C."	_		
Enter new principal offices address, if applicable:		5806 32ND AVE DR E				
(Principal office address MUST BE A STREET AL		PALMETTO, FL 34221	2021			
The party office marcas in Co. 1927 O. 1927				_		
			12 7. W	_		
Enter new mailing address, if applicable:		5806 32ND AVE DR E	ري الله الله الله الله الله الله الله الل			
(Mailing address MAY BE A POST OFFICE BOX	7)	PALMETTO, FL 34221		_		
(Mulling address MAT DE AT QST OTTICE DOL	2		35 -	_		
			n F			
B. If amending the registered agent and/or regist agent and/or the new registered office address here. Name of New Registered Agent:		address on our records, <u>c</u>	nter the name of the new regis	<u>tere</u>		
	SOCK SOND A VEIND E					
New Registered Office Address:		Enter Florida street a	ddress	_		
Pz	ALMETTO		, Florida <u>34221</u>			
-		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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			🗆 Change
			🗆 Add
			□Remove
			□Channe

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing:
(If an effective date is listed, the data sound by a control of the dat Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. 2024 Signature of a member or authorized representative of a member MARK BROWN Typed or printed name of signee

Filing Fee: \$25.00