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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 18, 2017

JEFFREY PALMER 1137 SOUTHLAKE CT VENICE, FL 34285 US

SUBJECT: JEFF PALMER DBA LLC

Ref. Number: L17000017870

We have received your document for JEFF PALMER DBA 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):

YOUR COVER LETTER SAYS "PRECISION GUTTERS LLC" WHICH HAS DIFFERENT DOC NUMBER, BUT ARTICLE OF AMENDMENT SAYS "JEFF PALMER DBA LLC " WHIS HASANOTHER DOC NUMBER. PLEASE MAKE CORRECTIONS 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) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 217A00018937

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	PECISION Name of Limite	CCTTC1 ed Liability Company	es LLC
The enclosed Articles of A	mendment and fee(s) are subm	itted for filing.	
Please return all correspond	lence concerning this matter to	the following:	
	Venice	Palmed Name of Person Firm/Company Address Fla 34 City/State and Zip Code 555 @ G O	<u>CT.</u> 285_
For further information cor	ncerning this matter, please cal	II:	
Jeffery Name of f	Palmer	at (<u>941)</u> <u>85</u> Area Code Daytime	: Telephone Number
Enclosed is a check for the	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:

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

ARTICLÉS OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

Liability Company as it now appears on our records.) Florida document number __L1700001187 This amendment is submitted to amend the following: and Siding A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cuy

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 familiax 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 ligibility 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 _ Change _□ Add _□ Remove ☐ Change □ Add ☐ Remove Change **□**Add[□] ₹ □ Exemove

☐ Change

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Filing Fee: \$25.00