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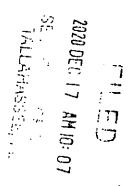
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COVER LETTER

TO:

Tallahassee, FL 32314

	tegistration Se Division of Cor			
CHD IEC		T & GUTTER PROFESSIONA	AL SERVICE LLC	
SUBJEC'	1:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please reti	arn all correspo	ondence concerning this matter	to the following:	
		CAMILO MARTINEZ RO	NOON	
			Name of Person	
		CM SOFFIT & GUTTER I	PROFESSIONAL SERVICE LLC	
			Firm/Company	
		1518 NE 1 ST		
			Address	
		CAPE CORAL, FL 33909		
			City/State and Zip Code	
		kettymogena@gmail.com		***
For furthe	r information c	E-mail address: () oncerning this matter, please ea	to be used for future annual report no all:	uneation)
CAMILO	MARTINEZ F	RONDON	239 258-7470	
	Name o	f Person	at () Area Code Daytii	me Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	0 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 Addres Registration S		Street Address: Registration S	ection
	Division of C		Division of Co	
	P.O. Box 632		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our record d Liability Company)	rds.)
The Articles of Organization for this Limited Liability Comparation document number $\frac{L17000029570}{L17000029570}$.	ny were filed on 02/03/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited list	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "EI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2
Principal office address MUST BE A STREET ADDRESS)		02 0
		7
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		. 07
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our records, <u>ente</u>	er the name of the new regis
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street addr	CSN
	, F	FloridaZip Code
	(III'	ZiD Code

<u>New Registered Agent's Signature, if changing Registered Agent:</u>

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CAMILO MARTINEZ RONDON	1518 NE 1 ST	□Add
		CAPE CORAL, FL 33909	
			■ Change
			🗖 Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			Remove
			□ Change
			□Add
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			DAdd
			Remove
			□ Changa

D. If amending any other informa	ation, enter change(s) here: (Attach additional sheets, if necessary.)	
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	ist be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to to clock does not meet the applicable statutory filing requirements, this date will not be f	
If the record specifies a delayed effective record is filed.	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	fier the
OCTOBER, 30	2020	
Aufi		
	Signature of a member or authorized representative of a member	
CAMILO MARTINEZ	RONDON	

Filing Fee: \$25.00

Typed or printed name of signee