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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: A1 Seamless Gathers LLC 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:	
David E Fewoy Name of Person	
Firm/Company	
7753 Mark Dr. Address	
N. Ft. Myers, FL 33917  City/State and Zip Code	
6.1.Scamus authors 747 @ mail.	com
For further information concerning this matter, please call:	
David E. Fewox at (239, 747 - 8842	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee Scrifficate of Status S55.00 Filing Fee Scriffied Copy Certificate of Certificate of Certificate of Certificate of Certified Copy (additional copy is enclosed)	f Status &

### 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A1 Semless Gutter (Name of the Limited Liability Company) (A Florida Limited Liability Company)	S LLC y as it now appears on our records.) ability Company)	<del></del>
The Articles of Organization for this Limited Liability Company w	vere filed on 3 23 17	and assigned
This amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability.	i <u>ty company here</u> :	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2 2
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		20 F
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address here:		<u></u> 935
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	cords, enter the name of the new
	, 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 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 = Ma $AMBR = Au$	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMB</u> R	David E. Fewox	4732 SW 24th Ave.	Add
		Cape Coral, FL 339/4	Remove
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ctive date, if other than the date of filing:  The ctive date, if other than the date of filing:  The ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after it.  If the date inserted in this block does not meet the applicable statutory filing requirements, this ment's effective date on the Department of State's records.	nal) filing.) Pursuant to 6 date will not be l	605.0207 isted as
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