L17000134728

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J. HARRIE

COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

Softo G	utters LLC			
SUBJECT:	Name of Lin	nited Liability Company		
	s of Amendment and fee(s) are sul	_		
rease return an corre	spondence concerning this matter	to the following.		
	Jason Honea			
		Name of Person		
		Firm/Company	<u> </u>	
		· · · · · · · · · · · · · · · · · · ·		
	Address			
5804 Countrywood Dr, Sarasota, Fl 34232				
		City/State and Zip Code		
	honea411@gmail.com	(to be used for future annual report notifi	eution)	
For further information	on concerning this matter, please of		(Current)	
Jason Honea		941 2322433 at ()		
Name of Person			Telephone Number	
Enclosed is a check fo	or the following amount:			
■ \$25.00 Filing Fee	© \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Reg Div	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327	STREET/COURING Registration Section Division of Corpora Clifton Building	1	

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

iter the name of the	Soflo Gutters LLC			:
he abbreviation "L.L.C." Liter the name of the state of	(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears mited Liability Company)	on our records.)	$\overline{}$
a	ne Articles of Organization for this Limited Liability Comporida document number <u>L17000136728</u> .	npany were filed on $\frac{6/23}{}$	/2017a	nd assigned
a	is amendment is submitted to amend the following:			
a	If amending name, enter the new name of the limited	d liability company her	<u>e</u> :	1
ater the name of the	new name must be distinguishable and contain the words "Limited	Liability Company," the des	ignation "LLC" or the abbrevia	tion!"L.L.C."
ater the name of the	iter new principal offices address, if applicable:		u4	F-1
ater the name of the	rincipal office address MUST BE A STREET ADDRES			
ater the name of the			,	
ater the name of the				1
ater the name of the	ter new mailing address, if applicable:			*-
ater the name of the	ailing address MAY BE A POST OFFICE BOX)			— ;
A			•	A CO
	If amending the registered agent and/or registered gistered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:		our records, <u>enter the r</u>	
		Enter Florid	la street address	i
Zip Code			, Florida	1
1		·	Ζij	Code
am famil Or, if th	ew Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent and rovisions of all statutes relative to the proper and comp eccept the obligations of my position as registered agen ging filed to merely reflect a change in the registered of company has been notified in writing of this change.	City Seent: d agree to act in this co plete performance of n It as provided for in Cl	Florida	o i

	Authorized Person our records		age, enter the title, name, and address of each p	erson being added
MGR = Mar AMBR = Aut	nager horized Membe	r		
<u>Title</u>	<u>Name</u>		Address	Type of Action
MGR	Kevin	Strausbau	1/2 6415 verna Bothary Rd	_ √ /Add
		_	yh 6415 verna Bothary Rd Myakka Crty, FL 34251	☐ Remove
000.1	_	.1		Change
AMRK	Jay	Fonea	3550 W. Scorlet out	Z/Add
			Scrasota, FL 34232	Remove
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an effective date is listed.	the date must be specific and d in this block does not n	I cannot be prior to date	of filing or more than 9	0 days after filing.) Pur	rsuant to 605.020 I not be listed a
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