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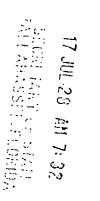
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Armour Gil Name of Limi	Hers, LLC	
	Amendment and fee(s) are subr		
Please return all correspo	indence concerning this matter t	o the following:	
	Timot	hy J. Collier Name of Person	
	Armour	Gutters, LL	
	5205.	Peninsula Aue	2D4
		na Blach, FL City/State and Zip Code	
	•	to be used for future annual report not	ification)
For further information of	concerning this matter, please ca	111:	
Timothy Name	(o) jek	at (<u>386</u>) <u>566</u> Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:	1	
\$25.00 Filing Pee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Cupy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS:	l .	IER ADDRESS:
	ration Section on of Corporations	Registration Section Division of Corpo	
P.Q. B	3ox 6327	. Clifton Building	
Tallah	assec, FL 32314	2661 Executive C Tallahassee, FL 3	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Armour Gutters	LLC
(<u>Name of the Limited Liability Company as it</u> (A Florida Limited Liability)	low appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fill Florida document number <u>L1700014909</u> 1	led on $\frac{7}{12}/17$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	npany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LLC" or the abbreviation "L.L.C."
AND THE RESIDENCE OF A STREET ASSESSMENT OF THE STREET, AND A STREET, AND A STREET, A	20 S. Peninsula Ave Unit 204
_A.	ew Smyrna Beach, FL 32169
Enter new mailing address, if applicable:	20 S. Peninsula Ave
(Mailing address MAY BE A POST OFFICE BON)	Unit 2D4
B. If amending the registered agent and/or registered office ac	ldress on our records, onter the name of the new
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	A MANAGEM SOUTH AND A TO AN AD MANAGEM SATISFY OF A TAXABLE AND A SATISFY OF A SATI
New Registered Office Address: 520 S	Peninsula Ave Unit 2D4
New Smy ro	Beach Florida 32169
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete perfor accept the obligations of my position as registered agent as provide being filed to merely reflect a change in the registered office addrescompany has been notified in writing of this change.	nance of my duties, and I am familiar with and d for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending A or removed fro	authorized Person(s) authorized to man om our records:	age, <u>enter th</u> e	title, name, and address of each pe	erson being added
MGR = Man AMBR = Aut	nager horized Member			
<u>Title</u>	<u>Name</u>	Address	:	Type of Action
AR_	Kimberlie J Sm. 4h	 		Add
		1370 S	aratoga St. Dolard FL 3272	_U Remove
				Change
AR	Kimberlie Crenshaw Col	llier 5	205. Peninsula Ave Unit 204 en Smyrna Beach, FL	_BAdd _ 32169
			ed 3/1 / / //C Dear / / -	Remove
				Change
MGR	Timothy J Collier			🗆 Add
		***		_□ Remove
		520 S	Peninsula Ave 2D4 hyrra Beach, FL 32	Change
***************************************		1/24/5	hylrec Deach, FE 52	_□ Add
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an effective date is Sote: If the date	f other than the da s listed, the date must be inserted in this block tive date on the Depa	specific and cannot does not meet the	e applicable sta	filing or more than tuttory filing requir	(optiona 90 days after filin ements, this dat	g.) Pursuunt to	o 605.02 Histed
e record spec The 90th da	cifies a delayed e y after the record	ffective date, l d is filed.	but not an e	ffective time, a	it 12:01 a.m	, on the ea	arlier
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Filing Fee: \$25.00