

L17000149091

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Armour Gutters, 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:

Timothy J. Collier
Name of Person

Armour Gutters, LLC
Firm/Company

520 S. Peninsula Ave Unit 204
Address

New Smyrna Beach, FL 32169
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy Collier at (386) 566 0604
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Armour Gutters LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 7/12/17 and assigned
Florida document number L17000149091

This amendment is submitted to amend the following:

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

520 S. Peninsula Ave
Unit 2 D4
New Smyrna Beach, FL
32169

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

520 S. Peninsula Ave
Unit 2 D4
New Smyrna Beach, FL
32169

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:

520 S. Peninsula Ave Unit 2 D4
Enter Florida street address
New Smyrna Beach, Florida 32169
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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AR	Kimberlie J Smith		<input type="checkbox"/> Add
		1370 Saratoga St. Deland FL 32724	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Kimberlie Crenshaw Collier	520 S. Peninsula Ave Unit 2D4 New Smyrna Beach, FL 32169	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Timothy J Collier		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		520 S. Peninsula Ave Unit 2D4 New Smyrna Beach, FL 32169	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECRETARY OF STATE
FALL AIRS, SEATTLE, WASH.

17 JUL 28 AM 7:32
SIGNAL BATT DIV
FALLA PASSPORT CONTROL

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated July 21 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee